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# **JPRS Report**

# **Epidemiology**

**AIDS**

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# Epidemiology

## AIDS

JPRS-TEP-92-021

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23 December 1992

[This EPIDEMIOLOGY report contains only material on AIDS. Other epidemiology topics are covered in a later issue.]

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## MOZAMBIQUE

### AIDS in Cabo Delgado Province

*MB0609193992 Maputo Radio Mozambique Network  
in Portuguese 1030 GMT 3 Sep 92*

[Editorial Report] So far fifteen AIDS cases have been reported in Cabo Delgado Province. Health authorities in the area say they have been informing the residents on measures to adopt in order to prevent the spread of the disease.

### High Cost Imperils AIDS-Prevention Campaign

*93WE0009A Lisbon PUBLICO  
in Portuguese 22 Sep 92 p 23*

[Article by Imtiaz Juma: "AIDS in Mozambique: Imminent Disaster"; first paragraph is PUBLICO introduction]

[Text] There is a risk that the blood in Mozambican hospitals may no longer be safe, because of financial problems. The Swiss Government decided to divert funds to support to education in Mozambique, taking financing away from [blood testing]. The country has already registered 522 cases of AIDS and it has only one prophylactic per inhabitant per year. Disaster is imminent.

Starting next year, the blood in the banks of Mozambican hospitals may no longer be analyzed, because of financial problems, PUBLICO learned in an interview with Avertino Barreto, director of the Department of Epidemiology and Endemic Diseases in the Mozambican Ministry of Health.

According to the specialist, who is also director of the National Program for Control of Sexually Transmitted Diseases and AIDS in Mozambique, there is a "risk that the screening" of blood could be suspended, since the country depends on donations from other nations and nongovernmental organizations and the current donor has defined other priorities (the costs are very high)." Avertino Barreto concluded: "The prospects for next year are catastrophic."

Just for the provincial capitals and some rural hospitals, the cost of screening is between \$250,000 and \$300,000, or 31,000 to 35,000 contos. For the last four years, the screening has been financed by the Swiss Government, through the Swiss Red Cross, and was routine practice in all the cities of the country.

According to Avertino Barreto, the country "has neither the means nor the money," and "has yet to find a donor who will pledge to provide the tests." The physician added: "Disaster is imminent."

### Twelve New AIDS Cases a Year

In this context, AIDS is emerging as a very great concern. In Mozambique, 2.5 percent to 4 percent of the population is now infected with the virus, which means that, in

a population of 15 million inhabitants, between 375,000 and 600,000 are HIV-positive.

"At the end of June, Mozambique had 493 confirmed cases of AIDS," Avertino Barreto revealed, and, of these, "more than 400 have already died." In August, however, there were 522 officially recognized cases.

Estimates based on international statistics indicate that 12 new cases of AIDS emerge every year in Mozambique and, according to projections, by 1995 more than 100,000 people could be infected with the virus. If, on one hand, certain figures suggest that "at the moment the disease does not appear to be as alarming as it is in neighboring countries," on the other hand the estimate could be low, given the impossibility of covering the entire country.

"There are large areas which, because of the war, are inaccessible to the medical teams that study AIDS," said the official, who noted that the "screening" of blood covers only 60 percent of the Mozambican donors.

### Safe Sex Once a Year

The war was a factor in aggravating the situation. Some regions were totally inaccessible to the health authorities and many physicians and nurses were killed in ambushes. The problem is even more serious in that "in the regions where the concentration of military forces (and not just Mozambican troops, but also foreign troops) was greatest, there was an accelerated growth in the number of HIV-positive individuals and even AIDS cases."

Here, Barreto said, "we are certain that the effects of the epidemic will not be visible until the war ends."

Support to AIDS patients, particularly in terms of treatment with drugs, is minimal. "With the shortage of medicines which the country is experiencing (often there are interruptions in supplies of important medicines, interruptions which, in certain more remote regions, may last for months) and inadequate medical assistance, we do not have the economic capacity to treat these patients with more modern, more effective, and, naturally, more expensive medication," explained the director of the Department of Epidemiology and Endemic Diseases.

"When we know that a patient is suffering from AIDS, we try to counsel him, to educate him and his family, and to enable him to die with as much dignity as possible," he said, allowing that it was possible to "treat one or another more responsive complication, that is, within the capacity of the country's medical supplies," but nothing more.

The shortage of medicines is such that, according to calculations based on the available stocks of prophylactics in the country, if Mozambicans want to practice safe sex, they can only do so once a year. If condoms were distributed to the entire adult population, there would be only one condom per inhabitant per year.

#### Prevention Campaigns More Difficult in Africa

Regarding AIDS prevention, which is the primary and priority activity of his service, Avertino Barreto noted that, if it "is not easy to change the behavior of populations" in general, "it is much more difficult in Africa."

There are studies and education campaigns among prostitutes, pregnant women, and other risk groups, such as the carriers ["camionistas"], as well as among some young and heterogeneous populations. "However," the specialist warns, "even with major education programs directed at the young people, the prospects are very bleak. By the time these programs begin to have a practical effect, within 15 years, probably 10 to 15 percent of the adult population will have died already."

In addition to the rise in certain diseases whose resurgence is related to AIDS (tuberculosis, for example), there are other pathologies that require immediate intervention in Mozambique. These diseases include, among others, malaria, cholera, and measles, all of which affect children and which are fatal to thousands. Not to ignore, certainly, war, famine, and malnutrition.

### NIGERIA

#### Minister Reports Rising AIDS Infection Rate

93WE0044A Lagos *THE GUARDIAN*  
in English 10 Aug 92 p 3

[Article by Ben Ukwuoma]

[Text] No fewer than 63,000 people out of 300,000 screened for the Acquired Immune Deficiency Syndrome (AIDS) are infected with the virus in Nigeria, Health and Human Services Minister Professor Olikoye Ransome-Kuti has said.

Prof. Ransome-Kuti, represented by the national co-ordinator of the AIDS Control Programme, Dr. Abiola Tilley-Gyado, spoke at a workshop in Ibadan, organised by the Pan African News Agency (PANA) and the International Development Research Centre in Canada.

He said further data from Sentinel sero-surveillance centres among populations engaged in high-risk activities corroborated the rising rate of infection nation-wide.

"In some of these centres, we have rates ranging between 18 percent and 81 percent among commercial sex workers," he added.

Prof. Ransome-Kuti expressed worry about the rising rate of infection among expectant women who are supposed to represent a low-risk group in urban centres.

The rates of infection in expectant women in the Sentinel sites range between two and 5.8 percent.

The statistics have obvious implications in terms of potential paediatric AIDS cases and children that would be orphaned within the next two years.

Speaking on "the Role of the Mass Media in Health Delivery: AIDS and Population," Prof. Ransome-Kuti regretted the under-reporting of AIDS cases, saying "a total of 394 cases had been reported to the National AIDS Control Programme."

He said the number could be more as reported cases came from teaching and specialist hospitals as well as state hospitals and surveillance centres.

Analysis of the cases reported for the national control programme, shows that sex was a major means of transmitting the epidemic.

Informing, educating and supporting sexually-active people to protect themselves from HIV-infected people either by remaining in mutually faithful relationships with other uninfected people or by practising safe sex was essential, he said.

He believed that with aggressive national programmes that did not shrink from the public health challenge of AIDS prevention, millions of people might be spared infection by the year 2000.

### RWANDA

#### Aspects of AIDS Situation Discussed

93WE0029A Paris *L'EXPRESS* in French  
9 Oct 92 pp 25-26

[Article by special correspondent Sylvie Perez: "AIDS Children"—first paragraph is *L'EXPRESS* introduction]

[Text] In Rwanda, as in the rest of black Africa, the AIDS epidemic has devastating effects. It leaves thousands of orphans in a state of total abandonment. Who can take them in? This is what we saw.

A family unlike other families: 48 children ranging from two months to 18 years, living like brothers and sisters. They are playing in the inner yard or on the red earth road that leads down to Lake Kivu. At night, they huddle up together like Russian dolls on the large mat spread directly on the ground. In Gisenyi, in northern Rwanda, Mom Christine's household is an island of hope. For 40 years now, this 70-year-old handsome Zairian woman with regular features, looking motherly in her ample colored dress, has taken in over 405 orphans in her shacks. People bring her a young child? "I love it right away. I take it in my arms, I wash it, and I wrap it in my clothes to keep it warm." For these fatherless and motherless survivors, this is like a second baptism. They are the AIDS orphans.

The disease is devastating Africa's great lakes region. In towns, almost one adult out of three is seropositive. A generation is disappearing, leaving children alone behind. According to the WHO, they will number 15 million throughout the world by the year 2000—90 percent of them in black Africa. In Rwanda and Burundi, where the birthrate is 6.9 children per woman, the situation is turning into a nightmare. These twin countries, hilly regions covered with a mosaic of tea fields, look peaceful. According to the legend, this is where Adam and Eve lived. This is where God put his paradise. Today, it is hell.

Nyabaranda, the south district of Bujumbura, Burundi's capital: The graveyard, large like a city, extends from the road to the shore of Lake Tanganyika. Few relatives still come to pray on the graves. The graveyard was open in 1983; it is now full. A new plot had to be found, west of the town. Late in the afternoon, when the sun filters through the clouds in "biblical" rays, hearses converge there, followed by families in crowded pick-up trucks. Barechested convicts dig graves without looking up. Already 50 graves or so in just a few days. "No week goes by without my going to a funeral: relatives, colleagues, etc. You see people dying around you. You feel it is fate." Sylvana is a government employee in Bujumbura. She has just lost her brother and her sister-in-law. AIDS, of course. They left five orphans. Sylvana would like to take them with her. But she already has two children; the house would be too small. And she has only one fear: that she, too, should die and leave them alone.

#### 'Remain Together'

As for Lavan, he was suddenly propelled into the adult world. At 16, he is head of the household, in charge of his four brothers and sisters. Their mothers left them one year ago, following her husband in the unbearable sufferings of the final stage. Her last instructions to the small tribe: "Remain together." Lavan, tall and slender in his gray schoolboy uniform, dreams to be one of the 10 percent of students selected to attend high school. That would enable him to find work, to forget perhaps about day-to-day survival. For the time being, every evening after school he makes the rounds of neighboring houses. On good days, he brings back a pot of beans that they share in the dank and dark cottage, squatting on the mud floor. "Often, we don't eat. People here are poor and don't have enough for their own children," he explained in a toneless voice, his pleasant face impassive as if forever. Glorious, the youngest child, is ill and in bed. This time, it is malaria. Her brothers take turns watching her. "When she cries, I pretend I am her father," James, 10, said.

Until now, rural areas (accounting for 90 percent of the population) had been spared from AIDS, a city disease. But, because of the population explosion, fields are divided into minute plots. Exhausted from being over-tilled, the soil of the "rugo," the family plot, can no longer support the family. The husband leaves for the town, looking for additional income. He comes back

carrying the virus. The drift away from the land spreads the disease. Now, at the turn of mountain roads, you can see a sight out of the Middle Ages: sick people being carried downhill on makeshift stretchers. No one can help them, anyhow...

In ward 4 at the Kigali Hospital, in the Rwanda capital, 72 women are sharing some 30 beds. Occupancy rate: 220 percent. Head to foot, they stare at the ceiling so as not to meet the despairing eyes of their neighbor. Under the beds, the children lives are punctuated by their mother's groans. Here, people die of tuberculosis or malaria. "Opportunistic diseases" take advantage of the AIDS victims' immunodeficiency. AZT could slow down the progress of the disease. It is too costly: \$6,000 per person per year, when annual health expenditures per person in Africa range from \$8 to \$50. "We have no drugs to give them," a doctor acknowledged. "And whatever we prescribe, they cannot afford to buy it. We should overcome poverty in order to fight AIDS."

Unable to treat the disease, authorities then try to prevent it. With UNICEF support, they organize awareness campaigns. But prevention comes up against strong obstacles. The Catholic Church continues to ban the use of condoms. A heavy responsibility.... Rumors spread nonsense. According to some, condoms will transmit AIDS. According to others, the propaganda advocating the use of condoms is just a family planning ploy. Inconsistency in the face of a disease that they cannot understand. How can people be persuaded to stop having children when a large family remains the last symbol of wealth and happiness? In Rwanda and Burundi, people are bringing forth children without daring to think about the future. The future of the AIDS orphans.

## SOUTH AFRICA

### Health Department To Distribute Condoms

92WE0674B Johannesburg *THE STAR*  
in English 27 Aug 92 p 13

[Article: "25-m Condoms on Hand for Safe-Sex Drive"]

[Text] About 25 million condoms will be distributed through more than 62,000 outlets this year, the Department of National Health and Population Development announced yesterday.

Director-general Dr. C.F. Slabber said the budget for this financial year's AIDS programme was R12,982 million.

Dr. Slabber said the health hazard posed by the AIDS pandemic and its future socio-economic impact on southern African society was a matter of great concern.

—The Department of National Health and Population Development added that findings of an inquiry into "internal problems" at its AIDS Unit could not be published because an appeal against the findings had been lodged.

**HIV-Positive Prison Population Revealed**

93WE0008A Johannesburg *THE NEW NATION*  
in English 4-10 Sep 92 p 4

[Text] There are more than 200 prisoners countrywide who have tested HIV-positive, the Department of Correctional Services (DCS) said this week.

The HIV (human-immuno-deficiency-virus) can lead to full-blown AIDS (acquired-immuno-deficiency-syndrome).

DCS spokesperson Colonel Danie Immelman told *NEW NATION* that the infected prisoners were under the supervision of trained personnel to protect other prisoners.

He said homosexual activity—reportedly rife among common-law prisoners and one of the easiest ways to spread the virus—was not tolerated.

"Necessary criminal or disciplinary action is taken against any transgressors," he said.

**High risk**

With the help of the Department of Health, the DCS was able to identify prisoners who should be regarded as being in the "high risk" category.

"Blood tests are taken from all such prisoners on admission, and from those who requested to be tested," Immelman said.

All confirmed sufferers and carriers of the disease had separate sleeping quarters to prevent possible further contamination.

He said steps were taken to ensure that confidentiality was maintained in all cases.

In an attempt to stop the spread of AIDS, Immelman said the DCS conducted educational programmes concerning AIDS, its dangers and preventative measures.

He said trained nursing and other specialised medical staff regularly counselled prisoners.

**Mandela Speech at AIDS Conference**

MB2310082692 Johannesburg *SAPA* in English  
0644 GMT 23 Oct 92

[SAPA PR Wire Service issued by the African National Congress (ANC); embargoed until delivery; speech by ANC President Nelson Mandela delivered at national conference on AIDS at Nasrec, 23 October 1992]

[Text] Comrades and compatriots

When I was asked to open this conference some months ago, I felt greatly honoured by the invitation and at the same time, greatly humbled by the enormity of this problem facing our own country and many other countries. My mind was sharply focused on the words in

Hemingway's novel that: "Man is not an island he is not an entity into himself therefore ask not for whom the bells toll they toll for thee".

The reality of the AIDS epidemic worldwide is that it is not merely a medical condition, it is a disease with socio-medical implication.

In South Africa, this problem challenges the entire socio-economic fabric of our society and poses a threat to future generations. Statistics indicate that those forced to live in poor socio-economic conditions are the highest at risk in our population.

As at the 30th June this year, 1,316 cases of AIDS were recorded, and the majority of these were recorded in Natal, with the highest incidences of AIDS country-wide being recorded in the urban areas. Apartheid's legacy has played a great role in this factor, particularly in the black communities where overcrowding in homes does not provide for privacy within the family; where lack of housing and the creation of informal settlements as well as the lack of recreation facilities makes the black community even more susceptible to the sex related virus.

Single sex hostels lead to the disintegration of family units in rural areas and hostel dwellers are forced to have casual relationships since they cannot live with their families.

Another startling statistic is the incidence of AIDS in young children. Most children born with the AIDS virus, die before they reach their second birthday. The fact that the virus attacks the most economically active age group in our population, is also an issue worthy of discussion.

The serious consequences of inadequate health care facilities nationally, as well as the fact that there is limited access to the health facilities which treat sexually transmitted diseases, is a matter which this conference must pay serious attention to.

Women are the most seriously affected by the AIDS virus. They are the poorest people in our country due to the lack of education and work opportunities. The position of women in our society forces them into a situation where they are unable to protect themselves or an unborn infant against the virus. Many women find it very difficult to insist that their partners wear condoms due to the socialisation of both men and women on the issue of sex.

Our most potent weapon against this virus is education. We have, perhaps, for some time, allowed ourselves to believe that like other epidemics it will come and go; that the great advances of our time in science and technology will offer us appropriate quick intervention.

The key to our success is our own collective effort. The time for rhetorical arguments and victim blaming has passed. Now is the time for action. What we know about this disease already is enough to enable us to put in place comprehensive and appropriate intervention strategies.

We already know that AIDS has no cure and no vaccine despite the intensive research efforts. Therefore prevention remains for us the strategy we must employ.

We do have a problem with the efforts being made by the South African Government, in that the efforts by the government to introduce preventative measures are viewed with suspicion and as a ploy to control the population. This government does not have the credibility to convince the majority of black South Africans to change their sexual behaviour.

Our first thought must be the protection of our people against this disease, and therefore, it is necessary that we adopt a broad front approach to the problem.

All sectors of our community must become engaged in this battle and resources available from the government must be distributed to our communities.

This problem does not allow anyone the luxury of political bias or hearts- and- minds winning exercises. We need to set up a structure at national, regional and local levels which goes beyond health workers and the government.

AIDS exposes an aspect of our lives that we are most loath to discuss openly, but it also touches on religious and cultural sensitivities. We must be sensitive to these, yet be bold to explore all avenues that will ensure that our message is not only received but well received. The only sure way of achieving this is by involving all of us in our home, our institutions, organisations, places of worship and work.

I believe that a central component of our intervention strategy must be to strengthen the capacity of our people individually and collectively to recognise, understand and act decisively against this scourge.

Let us ensure that everybody understands that a successful fight against AIDS, is not a success only for individuals, but for families, communities and indeed for our country as a whole.

In this regard I wish to make a special appeal to the government, the business community and other formations to, as a matter of urgency, make resources available for a speedy implementation of the recommendations that will come from this convention.

I have already said that education is our most potent medicine against this virus—we need to bring home to parents, church leaders, political organisations and all other organs of civil society that stigmatisation of AIDS victims does not solve the problem. The victims of AIDS are victims of the illnesses in our society and we need to proceed from that basis.

Many of us find it difficult to talk about sex to our children, but nature's truth is that unless we guide the youth towards safer sex, the alternative is playing into the hands of a killer disease. In this regard I wish to

endorse the idea of an AIDS charter which will educate and activate our population, as well entrench the rights of AIDS victims.

Compatriots we have an obligation to move decisively to remove all those obstacles which limit our capacity to deal effectively with this scourge. Do we really have any justification for perpetuating such practices as the migrant labour system, single sex hostels, which not only destroy family life, but certainly limit our capacity to establish stable self-reliant communities that can be the core of a dynamic society able to cope with this and other problems? Is it not time we address the problem of illiteracy, poverty and empower our women folk—all crucial factors for an effective intervention strategy?

Very few, if any, diseases better illustrate the truth in the dictum "prevention is better than cure".

Lastly, AIDS definitely has profound direct micro and macro- economic impacts. In the years ahead, as we face the process of national reconstruction, we shall need the best possible performance of our national economy. Let us therefore act now to ensure that our efforts at nation building and democratic transformation will not be frustrated.

#### National AIDS Conference Formulates Strategy

*MB2410163592 Johannesburg SAPA in English  
1526 GMT 24 Oct 92*

[Text] Johannesburg Oct 24 SAPA—A national AIDS conference formulated a strategy at the weekend to try and control and prevent the killer epidemic in South Africa and ensure appropriate care for affected people and their dependants. Target groups for AIDS programmes were identified and principles devised to combat the disease at the National AIDS Convention of SA, the first of its kind. It was attended by all parties concerned about AIDS including health and political organisations, government and non-government bodies, unions, churches and civic associations.

The strategy will be based on basic human rights and integration with socio-economic development strategies, the conference decided. Community participation was seen as critical, as was coordination and networking between various groups dealing with AIDS. The national strategy will also be aided by the experience of other countries and global AIDS strategies. Elements of the programme include education and training, counselling, preventative measures, health care, welfare and research.

Among identified target groups were students, commercial sex workers, prisoners, the uniformed services, people in informal settlements, politicians, hostel dwellers, truckers and the media.

AIDS has a doubling rate of six months in South Africa with an estimated 200,000 known HIV infected persons, according to government figures. Of the 1316 reported cases since 1982, 446 or 34 per cent have died. Statistics

may be inaccurate due to serious under-reporting of the disease, and some experts say the real figure of AIDS sufferers and HIV-infected persons could be ten times higher.

The conference's ten member steering committee was retained and mandated to broaden representation to include non-governmental organisations and consider regional representation. The conference will continue its work as the National AIDS Coordinating Committee of South Africa. The steering committee is currently made up of representatives from the ANC [African National Congress], the government, Chamber of Mines, South African Consultative Committee on Labour Affairs, Congress of South African Trade Unions, South African Council of Churches, National Federated Chamber of Commerce and South African National Civic Organisation.

Also discussed at the conference was condom distribution, pricing and subsidy. South Africans use an estimated 25 million condoms annually, according to LRC Industries International MD [managing director] Peter Smith. LRC is the manufacturer of Durex condoms.

After refusing for years, the SABC agreed recently to allow the flighting of condom commercials on television.

## TANZANIA

### Report Says 700,000 Carry AIDS Virus

EA0610144592 Dares Salaam Radio Tanzania Network in Swahili 0330 GMT 3 Oct 92

[From the press review]

[Text] The leading story on the front page of UHURU is on AIDS in the Dar es Salaam region. We read that the region now leads in having the highest number of AIDS patients in Tanzania, which is currently reported to have a total of 120,000 patients.

A Ministry of Health report released in Dar es Salaam yesterday says as of May, Dar es Salaam had 8,692 AIDS patients, more than other regions in the country. The report also says that there are 700,000 people who have the AIDS virus in Tanzania, adding that only 34,605 of them have reported to various hospitals in the country. The report goes on to say that of every 100,000 people—out of a total population of 1.2 million in Dar es Salaam—700 are suspected to have the AIDS virus, a dangerous situation calling for drastic measures to curb the rapid spread of the disease.

## UGANDA

### AIDS Wiping Out Small Villages

92WE0702A Algiers *LE SOIR D'ALGERIE* in French  
11 Aug 92 p 6

[Text] In the Rakai area, a once flourishing region of Uganda along the border with Rwanda, AIDS is the

cause of the closing of the sugar factory and the paralysis in the construction industry. Orphanages are the only buildings still going up.

Certain villages, almost abandoned, are disappearing in the brush, which has grown over them. In other villages, the only survivors are the children and the grandparents.

The Ugandans have learned as painfully as possible that, whatever the results of the conference in Amsterdam, it is necessary to act quickly. In this country with 17 million inhabitants, 1.5 million children are already orphans, while 1.5 million adults and children are infected with the HIV virus.

Alex Bagarukayo, of the "Save the Children" Foundation, explained: "This epidemic affects the most productive people in all sectors, including government officials, engineers, businessmen, and farmers."

Furthermore, a number of those responsible for the fight against AIDS explain that the mortality rate, far from benefiting the developing countries by reducing their population, as some people think, is increasing poverty tenfold.

In the Rakai area, perhaps the region most affected on the African continent, the decimated population is fighting to stay alive. Meabh McMahon, a member of "Concern," an Irish humanitarian association, explained: "The fortunate ones were the first to leave, and jobs left with them. There is no longer any investment. People prefer to consume their savings."

In Kampala, the capital of the country, the first victims were also the technicians, specialized workers, bankers, and businessmen. Those who have survived neglect their jobs to take care of their sick relatives.

Sister Miriam Duggan, who has resigned from her position as medical director of Nsambeya Hospital in Kampala to devote all of her time to the fight against this scourge, sadly said: "We do not know what to do or where to turn to obtain money."

By virtue of their experience, the groups of Ugandan volunteers are among the most efficient in the world when it is a matter of preventing disease and helping the sick. However, the volunteers fear that the epidemic will affect them and that the people will give up.

Manuel Pinto, a deputy who was born in the Rakai area, said: "If you sit down and think about it, you will be tempted to stop trying to do anything. People ask themselves, 'What is the use of fighting this disease? Who will be the next to come down with it?'"

Absalom Bwanika-Braale, an official in the Ministry of Health, went even further: "Uganda is not going to disappear from the surface of the earth. However, we are all damned."

## ZIMBABWE

### Forty-Five Percent of TB Patients HIV Positive

93WE0042A Harare *THE SUNDAY MAIL*  
in English 9 Aug 92 p 7

[Text] Forty-five percent of the city's tuberculosis patients are HIV positive, a study carried out by the City Health Department has shown.

A TB/HIV study carried out in the city in 1988/89 showed that 45 percent of the TB patients were HIV positive, bringing the figure in the sexually active group to 60 percent.

There were 2,798 TB patients admitted at the Beatrice Road Infectious Disease Hospital and the Wilkins Hospital last year. And 313 of them died at the former hospital. Of these, 108 were identified as HIV related deaths, constituting 34.5 percent of all TB deaths at the hospital.

Generally, the number of TB cases in the city continued to rise, adding the risk of exposure to infection to the general public, especially to children. In 1990 there were 97 TB cases per 100,000 and this rose to 158 cases per 100,000 in 1991.

Because of the increase, it was important that priority be given to detection and treatment of tuberculosis cases to prevent a complete breakdown of the city's TB control programme.

According to the City Health Department, the increase in TB cases was not only within the City of Harare, but throughout the country. The disease was no longer a chronic condition, but an acute medical illness because of the association with HIV illness.

The increase in TB caseload had put an enormous strain on the TB services in the city. Resources needed for management were stretched and drug supplies had been erratic and as a result the base treatment was often not available for patients.

Wilkins Hospital which serves the northern half of the city and receives patients from Parirenyatwa Hospital and the private sector, had only nine beds for TB patients which was grossly inadequate. The average stay for TB patients was 14 days and in some cases patients had to be discharged prematurely to make way for other patients.

There were 177 TB admissions at the hospital last year compared to 112 in 1990, an increase of 58 percent. Of these, 107 were men, 40 women and 30 children.

#### Conditions

The poor socio-economic conditions currently prevailing (for example, overcrowding, malnutrition and rural migration due to drought; and lack of expansion of resources, both material and human to match the escalating problem), were some of the problems facing the TB control programme.

There were 2,751 admissions of TB patients at the Beatrice Road Infectious Disease Hospital last year compared to 2,197 in 1990 and 1,627 in 1989. This constituted an increase of 69 percent over two years and 282 percent in deaths. Sixty-one patients who died had clinical signs of immunosuppression but their HIV tests were either not done or results were not back at the time of death, while 13.2 percent were patients with relapses and most of them had defaulted in treatment earlier.

Many of the patients seen were more sick than when previously seen. TB meningitis had doubled from 23 cases in 1990 to 53 cases in 1991, and military TB had gone up four times to 186 in 1991. The patients needed more intensive nursing including terminal care nursing, and more treatment and counselling. There was pressing need for a full-time social worker in the tuberculosis section at the hospital.

The city health department was trying to discharge the patients on a daily basis to their provinces or district hospitals so that they could be near their families.

Because the patients recovered slowly and were on treatment for longer periods, there was need for a follow-up system to ensure that treatment was continued. However, lack of transport for community and environmental staff hampered the follow-up programme, resulting in patients defaulting treatments.

The department was also concerned that due to the economic structural adjustment programme, patients were in poorer conditions in terms of housing, nutrition and sanitation.

Sometimes patients with TB and AIDS were made to sleep in a room with other people, sharing the same toilet with 20 others, this, according to the department, frustrated and depressed the health workers who were trying their best to help patients.

Plans were under way for an extension at Wilkins Hospital to provide more beds for TB patients.

Last year the TB control programme faced some setbacks due to the resignation of senior staff members and the serious drug shortage, especially Rifampicin, one of the key drugs in TB management.

The burden that TB was causing was increasing, causing loss of productivity and resulting in extra hardships to families.

The city health department made a number of objectives and recommendations to be carried out in 1992 and these are:

- To attain a further 10 percent of clients attending Medical Examination Centre by encouraging further peripheral screening and concentrating on high risk people;

To increase the level of TB detection by mass miniature radiography to 2 percent from the present 1.34 percent.

And to formulate ways of increasing the detection of TB by contact screening and also strengthening the follow-up services to reduce the defaulter rate; to still try and forge good communication between the City of Harare and other bodies dealing with TB (Ministry of Health and Child Welfare, Chitungwiza Town Council, the police, the army and prisons); and to emphasise TB as an important public concern.

The existing facilities which were currently overstretched had to be improved; drug supply had to be improved so as to have short course therapeutic regimens and discourage resistance; involve all members of the medical fraternity and the public in TB control; increase the level of health education about TB so as to yield a high voluntary turn-out and awareness of TB/HIV explosion; develop further ideas of community-based care especially in view of the limited hospital space and to divert more resources, both human and material to TB control.

#### **Network Formed to Set Up HIV/AIDS Database**

*93WE0042B Harare THE HERALD  
in English 15 Aug 92 p 3*

[Text] A national network of individuals and organisations involved in the collections and analysis of HIV infections and AIDS cases has been set up to integrate the widely fragmented efforts which have so far characterised the local nature of the fight against the killer disease.

The new body, Zimbabwe AIDS Information Network (ZAINet), was formally established in Harare yesterday at a day-long seminar which followed an initiative set in motion in February by the Southern Africa Foundation for Economic Research.

A steering committee has been in place laying the groundwork for the eventual formation of the network. A formal committee was expected to have been elected by the end of yesterday's seminar which was attended by scores of people from non-governmental organisations and the private and public sectors.

SAFER is an independent economic research foundation whose research focuses on, among other things, community development and democratisation with emphasis on creating societies where citizens have access to information and decision-making.

ZAINet is expected to support the Ministry of Health and Child Welfare in its data collection programme and assist organisations and individuals in the collection, analysis and interpretation of information on the AIDS

epidemic. It will also involve, and provide service to a wide range of institutions in information, policy and public awareness.

In an interview at the seminar, in Harare, SAFER executive director Cde. Joshua Mushauri said a SAFER-commissioned study had established that AIDS was rapidly spreading in Zimbabwe and indicated that the country's population could drop significantly as a result, seriously affecting its economic capability.

The study had also shown that AIDS awareness efforts were fragmented with individual efforts to reflect the problem often failing to show the true picture.

"We were so concerned about this misrepresentation that we decided to form a group of all these people," said Cde Mushauri.

Such is the general concern about AIDS information dissemination that, opening the seminar, the Minister of Health and Child Welfare, Dr. Timothy Stamps told seminar delegates: "Do not be unguided missiles. If you want to shoot, use a single rifle not a shotgun—there is a tendency to shoot with a shotgun."

He said use of AIDS information carried a heavy responsibility. The information on the disease had to be used to promote interest in control measures and to quantify those measures and not to alarm the public.

"And that information has to be fed back to suppliers. But, most importantly, use of the information must promote human dignity. Feedback must be promoted. We need to develop observation as to how the exotic ways of HIV transmission impinges on social life," he said.

The minister said a total of 14,023 AIDS patients and 23,500 HIV-related cases had been reported since screening began in 1985, bringing the total to about 40,000. About 20 percent were children under five for both categories.

ZAINet hopes to take the message in a three-pronged programme strategy.

The first of these will be the establishment of a computerised database of records of HIV and AIDS cases from as many sources as possible within Zimbabwe but particularly from its network.

The second aspect will seek to encourage members of the network and other researchers to develop and use new analytical tools and models.

ZAINet will also be expected to take steps to provide regular, preferably quarterly, bulletins on trends in the AIDS epidemic.

**Over 900 HIV Cases Discovered by  
Mid-September**

*HK0810145192 Beijing XINHUA Hong Kong Service  
in Chinese 1031 GMT 22 Sep 92*

[Article by reporter Chen Ke (7115 0668)]

[Text] Kunming, 22 Sep (XINHUA)—By mid-September of this year, a total of 932 cases of HIV had been discovered in China, including 11 cases of AIDS, nine of whom have already died.

This announcement was made by He Jiesheng, vice minister of public health and director of the National AIDS Prevention and Treatment Center, at the "Regional Seminar on AIDS' Impact on Social and Economic Development" held this morning.

More than 100 officials and experts in AIDS prevention and control from the UN Development Program, World Health Organization, Ford Foundation, and from China, India, Burma, Vietnam, Thailand, Hong Kong, and Macao have gathered in Kunming, Yunnan to participate in a three-day discussion on ways to enhance regional and international cooperation in AIDS prevention and control.

Addressing the seminar, He Jiesheng noted: Nowadays, the jeopardy of AIDS is not only a public health problem but also an extremely important issue which has a bearing on the social and economic development of all nations. Having fully realized the perniciousness of AIDS, over the past few years the Chinese Government has drawn on resources of all social sectors in its efforts to fight AIDS, and a great deal of work has been done in organizing and performing AIDS prevention and control, as well as the relevant epidemic monitoring, legislation, propaganda, education, training, research, and international cooperation.

He Jiesheng emphasized: "We have fully understood that China, with a quarter of the world's population, will make a major contribution to the global AIDS control effort if it succeeds in curbing the spread of AIDS at home. To meet the challenge of AIDS, we are also eagerly looking forward to more extensive cooperation with all international organizations, countries, and areas, and we are ready to make new efforts to implement the global AIDS control strategy."

**Eleven People Test HIV-Positive at Guangzhou  
Border This Year**

*HK0910001592 Hong Kong TA KUNG PAO in Chinese  
29 Sep 92 p 2*

[“Special dispatch:” “Eleven AIDS Cases Discovered in Guangzhou Recently”]

[Text] Guangzhou, 28 (TA KUNG PAO)—Guangzhou Public Health and Quarantine Bureau has revealed that they have two people who tested HIV-positive from among those who recently entered the country at Baiyun

Airport. So far this year the bureau has found 11 cases of people testing HIV-positive from those who entered the borders. The incident prompted the Guangzhou Public Health Bureau to issue a call for people to pay attention to hygiene on international travel and guard against the contraction of HIV virus.

According to sources, all of the 11 HIV-positives came from Thailand and Kenya, especially Thailand, where 10 of the HIV-positives came from. These people worked, did business, travelled or visited relatives in foreign countries, staying overseas for as long as a decade, or just four months. Some carriers admitted they had gone to red light districts, some had received treatment for illness involving injections. But all denied that they had a history of contraction through injection of drugs.

At present the bureau has, in accordance with state regulations, separated these carriers for treatment and to prevent the spread of the disease in the country.

**Report Links AIDS Cases With Drug Abuse in  
Provinces**

*HK2910030492 Beijing CHINA DAILY in English  
29 Oct 92 p 1*

[Article by staff reporter Zhu Baoxia: "Drug Abuse Doubles Since 1990"]

[Text] The number of known drug abusers in China had reached 148,000 by June, twice the figure in 1990, according to an official report released yesterday.

And so far, some 890 Chinese residents have been detected as carriers of HIV [human immunodeficiency virus], which leads to the fatal disease of AIDS (Acquired Immune-deficiency Syndrome).

Most of the verified HIV carriers were drug abusers in the southern province of Yunnan and had contracted the virus by sharing needles, the report said.

The report was released yesterday by the Drug Administration Department under the Ministry of Public Health at the ongoing Conference on Narcotic Control and Reduction of Demand for Drugs on Chinese Mainland, Hong Kong and Macao being held in Beijing.

More than 30 officials and experts from the Chinese mainland, Hong Kong, Macao, Japan, the United States, and some international organizations are attending the three-day meeting, which ends tomorrow.

The conference is a follow-up workshop of last year's Hong Kong seminar on narcotics control in the mainland and the two regions.

Pan Xuetian, director in charge of narcotics from the Ministry of Public Health said China will take further actions to crackdown on drug trafficking and abuse. He called for a drive to raise the public's consciousness about the danger of drug addiction and help teenagers establish healthy living habits.

Treatment and rehabilitation services for drug addicts must also be upgraded, he added.

Chinese drug abusers are mainly young males, the Ministry of Public Health report said. The result of an epidemiological survey of 5,000 people conducted in

Xian last year found 90 percent of local drug addicts were males under 25 years of age.

The Xian report found abusers used mostly opium and heroin. In Yunnan Province, heroin is common, while in Guizhou, Sichuan and Inner Mongolia Autonomous Region, opium is used extensively.

## BURMA

### Health Minister Leaves for AIDS Conference in India

*BK0511145792 Rangoon Radio Burma in Burmese 1330 GMT 5 Nov 92*

[Text] A Myanmar [Burmese] delegation led by Rear Admiral Than Nyunt, minister of health, left by air this morning for New Delhi to attend the Second International AIDS Conference for Asia and Pacific from 8 to 12 November. Rear Admiral Than Nyunt, health minister, was seen off at the airport by Colonel Pe Thein, minister of education; U Khin Maung Thein, energy minister; Dr. Klaus Wagner, WHO resident representative in Yangon [Rangoon]; and directors general and responsible officials from Health Ministry departments.

## CAMBODIA

### Overview of VD Problem

*93WE0057A Bangkok BANGKOK POST in English 10 Oct 92 p 2*

[Text] Phnom Penh (Reuter)—Sexually transmitted diseases, the hidden enemy of soldiers down the ages, are hitting the ranks of UN peacekeeping force in Cambodia, medical and military sources say.

The civilian and military chiefs of the United Nations Transitional Authority in Cambodia (UNTAC) have expressed serious concern over the problem.

A memorandum posted on unit notice boards talks of "the growing number of venereal disease cases reported amongst various component personnel."

"The matter needs urgent attention in view of the three cases of AIDS detected amongst the residents of red-light localities," it said.

UNTAC has yet to compile figures but medical sources said on average about three or four cases of sexually transmitted diseases a day were diagnosed at a field hospital and a clinic run by the German army.

The most common afflictions are gonorrhea, syphilis, and scabies. The deadly AIDS is not widespread in Cambodia—the country was isolated from most of the world during a decade of warfare—but is emerging.

More than 15,000 soldiers from 31 different countries are in Cambodia to oversee the transition from war to elections. There are also several thousand UNTAC police and civilians.

Prostitution, widespread in the capital before UNTAC's arrival, is now more prolific than ever in establishments ranging from hotel dance-halls to squalid shacks in shantytowns. Many of the prostitutes are poor young girls from neighboring Vietnam.

"It is inevitable. You cannot put thousands of young men into an isolated place, away from their families and where prostitutes are easily available, and expect it not to happen," said an UNTAC medical source.

He also said it would be wrong to point the finger at soldiers alone. Police, civilian officials, staff of non-government aid and relief agencies, and even foreign journalists show up at clinics for treatment.

"Initially I never thought we would have so many cases," Indian Lt-Col V.K. Singh, UNTAC deputy chief medical officer, told Reuters.

The Germans brought 50,000 condoms with them but not many people had asked for them, one source said.

"African units ask for protection because they have good AIDS education at home," he said. "The Europeans don't so much. It's a typical male thing to get drunk and do it without thinking."

"People might be buying condoms on the local market but these are poor quality and break easily."

Some officers have threatened to send men home who catch a dose, the sources said. Religious beliefs and customs—there are many Catholics and Muslims—might discourage the use of condoms.

The problem is made worse because many UNTAC personnel go for "rest and recreation" in the Thai capital Bangkok and resort of Pattaya, where the sex industry is huge.

Thai businessmen are also visiting Phnom Penh in droves.

"UNTAC adds to the problem but you cannot blame it on the mission alone," said a medical source.

"Cambodians are very promiscuous too. We get many women coming for treatment who are not prostitutes who must have caught it from the husbands."

## HONG KONG

### Local Hospitals Refuse HIV, AIDS Patients

*HK1810064192 Hong Kong SOUTH CHINA MORNING POST in English 18 Oct 92 p 3*

[Article by Kavita Daswani]

[Text] The majority of Hong Kong's private hospitals are turning away patients infected with the HIV virus—a policy that has been described as "ignorant" and "discriminatory" by health experts and AIDS campaigners.

The hospitals are refusing to continue treating anyone found carrying the virus, and transfer the patients to a Government facility—usually the AIDS unit at the Queen Elizabeth Hospital. The policy is justified by the hospitals, which claim they do not have the right facilities.

But a spokesman for the AIDS Foundation is contacting each hospital in a bid to get them to reverse the controversial policy. A spokeswoman for the Hong Kong Sanatorium and Hospital said HIV patients, or those with full-blown AIDS, would be transferred to a government hospital as soon as they found out the patient had the disease.

The same attitude was shared by the Hong Kong Central Hospital. A spokeswoman said the presence of HIV patients would jeopardise the health of other patients. Ms. Teresa Yip, administrator of Precious Blood Hospital, said: "We don't want to accept them here. They must go to a government hospital so we will transfer them."

The medical director of Evangel Hospital, Dr. Lam Ching-choi, said patients would be transferred elsewhere "with their consent". "We don't have an isolation ward," he said. "So we treat the acute phase and then would prefer to transfer them."

Both St Paul's and Tsuen Wan Adventist hospitals had the same admission policies.

The Adventist Hospital in Stubbs Road refused to accept HIV patients because it was not regarded as its "forte". "We firmly realise it is not our strength of service," said Mr. Wayne Woodhams, a spokesman for the Adventist. "Assuming we don't know a patient is HIV when we admit them, once we find out we will do anything to stabilise the condition and then transfer them. This is a general policy based on our recognition that the types of things we need, both treatment and protection-wise, we just don't have."

Mr. Woodhams said a number of patients had already been transferred.

But Dr. Patrick Li Chung-ki, who represents the Hong Kong AIDS Foundation, said treating HIV patients differently was dangerous and would give rise to more fear of the disease. "Our objective is to eliminate any form of discrimination," he said. "There is no reason to treat this person differently." Dr. Li said he would talk to hospitals about their reasons and try to change their attitude.

"While all hospitals should provide care, the major problem is there are no rules to govern what the hospitals should do," he said. "We can't ask the Government to ask them to do a certain thing."

Ms. Lisa Ross, of AIDS Concern, described the attitude of these hospitals as "very unfair", especially when someone has always gone to a certain hospital for medical care and is turned down for treatment after contracting the HIV virus.

Legislative Councillor, Dr. Huang Chen-ya, said in some cases HIV patients may be better off going to a Government hospital where staff had been trained to deal with the virus. But in other cases, private hospitals may refuse to admit HIV patients because of adverse publicity.

"This is totally unnecessary because hospitals have a duty to look after them and HIV is no different from any other disease," he said.

The territory's leading AIDS specialist, Dr. Lee Shui-shan, said hospital workers generally were not comfortable around HIV, although the risk was no greater. He said the attitude of private hospitals could place an unnecessary burden on the Queen Elizabeth Hospital, which was where most HIV patients were referred.

But a small number of private hospitals are becoming more liberal. The medical superintendent of the Matilda War and memorial Hospital, Dr. Tim Dawbarn, said HIV patients would be admitted. "We feel it is important for hospitals to offer care to all people, and to realise that providing care doesn't put them at risk," he said. "To reject a patient on those grounds is like making moral judgements and is quite wrong."

The Canossa is also willing to treat HIV patients, according to its medical superintendent, Dr. Arthur Langenburg.

## INDONESIA

### Extending Western Influence Brings Genital Diseases

*BK2710135992 Jakarta Radio Republik Indonesia Network in Indonesian 1200 GMT 27 Oct 92*

[Text] The number of genital disease patients in Indonesia has tended to increase due to the strong influence of Western culture and lack of awareness about medical treatment. Speaking after he met with Vice President Sudharmono in Jakarta today, Edi Yusuf, chairman of the Association of Doctors Specialising in Skin and Genital Diseases, noted that extramarital sex is considered normal by members of the urban communities. This has indirectly contributed to the spread of genital diseases in Indonesia, which also include the incurable AIDS. The doctors delegation met with the vice president to report on their preparations for holding the association's congress in Bukit Tinggi on 12 November.

## JAPAN

### White Paper Stresses AIDS Awareness

*OW2310065392 Tokyo KYODO in English 0537 GMT 23 Oct 92*

[Text] Tokyo, Oct. 23 KYODO—Greater awareness of the threat posed by AIDS and stronger education policies on AIDS prevention are called for in the Education Ministry's annual white paper released Friday.

It is the first-ever reference to AIDS in a government white paper.

The white paper also urged the wide use of a teachers' guide on AIDS that is scheduled to be released to elementary, middle, and high school teachers next month. [Passage omitted]

## SOUTH KOREA

### Eight Discovered Infected With AIDS Virus in September

SK3009131692 Seoul YONHAP in English 1033 GMT  
30 Sep 92

[Text] Seoul, Sept. 30 (YONHAP)—Eight persons were found to have been infected by AIDS virus during the month of September.

The Ministry of Health and Social Affairs reported Wednesday that the additional victims bring to 221 the total number of those found in the country to have been stricken by AIDS virus so far.

Of the total, 21 died, one left the country and the 199 remainders—181 men and 18 women—are presently under medical management, the ministry said.

Of the eight new victims, it said, four were infected through sexual contacts abroad, one through homosexuality and another through sexual contacts in the country.

The total victims include 16 foreigners found in the country to have been affected by the AIDS virus, the ministry said.

### Health Ministry Watching 199 AIDS Patients

SK0910051192 Seoul THE KOREA TIMES in English  
9 Oct 92 p 3

[Text] A total of 199 AIDS patients are now under surveillance and 21 patients have died since 1985, the Ministry of Health-Social Affairs said yesterday.

About 221 people developed the fatal disease from 1985 to September this year and 21 of them died and one emigrated, according to a report by the ministry to the National Assembly.

Checks have been conducted on donated blood to determine infection by the human immunodeficiency virus (HIV) and medical examinations have also been conducted on 1,893 prostitutes and seamen for overseas service.

Under the relevant law, those entertainers who have traveled for more than 91 days are required to take medical checks.

A total of 676 foreigners have taken AIDS tests and 15 of them who were HIV carriers were expelled, according to the ministry report.

The ministry is also notified by the U.S. Forces Korea of the number of American servicemen here who turn out to be carrying the HIV virus every three months.

So far, 35 American servicemen who were infected by the virus have been sent back to the United States, the ministry report said.

### Eleven More Test HIV Positive

SK0311035592 Seoul THE KOREA TIMES in English  
3 Nov 92 p 3

[Text] Eleven Koreans tested positive for the HIV (human immunodeficiency virus) virus and four AIDS patients died during the month of October, the Ministry of Health and Social Affairs announced yesterday.

So far, a total of 232 people are reportedly infected by the deadly virus.

Among them, 25 people died, one emigrated to a foreign country and 206 people are under surveillance by health authorities.

Out of the 11 people who turned out to be infected by the HIV virus last month, three men in their 30s were reportedly infected overseas, another three through homosexual relations and a 29-year-old woman by her husband, according to the ministry. The remaining four are under probe, the ministry said.

Two of the four who died last month were due to tuberculosis, one died after operation and the other was presumed to have killed himself.

## MALAYSIA

### Five Hundred Prisoners Identified as HIV Carriers

BK1011030292 Kuala Lumpur BERITA HARIAN  
in Malay 4 Nov 92 p 4

[Excerpt] Muar, Tuesday—Five hundred prisoners in three prisons and a remand center in the country have been identified as HIV carriers that can lead to AIDS.

Mohamed Nadziri Khusairy, deputy director of the Prisons Department, said that 67 of them were in the Johor Bahru Prison and the rest were in the Kajang and Taiping prisons and a remand center in Simpang Renggam.

He said that the department was accordingly taking various precautionary measures, including issuing a guideline to prevent prison personnel from being infected with the virus. [passage omitted]

**Health Minister Says 70 HIV Carriers Identified**  
*BK0511131092 Kuala Lumpur NEW STRAITS TIMES in English 4 Nov 92 p 13*

[Excerpts] Klang, Tues—Health Minister Datuk Lee Kim Sai said 70 prostitutes have been identified as Human-Immuno-deficiency Virus (HIV) carriers through checks conducted by health officials.

The prostitutes, of whom 45 are Thais, are believed to be continuing their activities in various red light districts in Klang Valley. [passage omitted].

Lee added that the ministry had yet to finalise plans to quarantine prostitutes with HIV.

"We are still studying the plans as the HIV virus is now being spread more extensively through prostitution," he said, adding that the finding was based on studies on local cases.

Between 100 and 150 people, 80 percent of whom are drug addicts, acquire HIV every month.

On the setting up of a special hospital for AIDS victims, Lee said studies have revealed there was no need for that. [passage omitted].

**THAILAND**

**AIDS Incidence in Upper North**

*93WE0005B Bangkok DAO SIAM in Thai 30 Aug 92 pp 11, 15*

[Text] Dr. Phatsakon Akkhonseri, an expert in preventive medicine with the Zone 10 (upper northern region) Communicable Disease Control Office, said that the Ministry of Public Health has implemented two systems for monitoring the spread of AIDS. One is the system for reporting those who have the disease and who have AIDS-related symptoms. The other is the system for monitoring the spread of this disease. As of 30 June, there were 642 people with the AIDS disease and another 895 people with AIDS-related symptoms for a total of 1,537.

"There were only 110 reported cases of AIDS during the period 1984-1990. But in 1991 alone, 362 cases were reported, which is triple the number reported during the previous seven years. The north has the highest number of cases. As compared with the national average, which is 0.4 percent of the population, the average number for the north is almost double that."

Dr. Phatsakon said that the provinces with the largest number of people with AIDS and AIDS-related symptoms are Bangkok, with 357 cases, Chiang Rai, with 256 cases, Chiang Mai, with 233 cases, Phayao, with 58 cases, and Lampang, with 58 cases. Excluding Bangkok, the five upper northern provinces have the highest incidence of AIDS. Surveys on the number of AIDS victims nationwide indicate that the 17 northern provinces have 733 cases of AIDS, 47.69 percent, the central

region has 238 cases, 15.48 percent, the northeast has 139 cases, 9.05 percent, the south has 70 cases, 4.55 percent, and Bangkok has 357 cases, 23.23 percent.

"These statistics may be lower than the actual number, because since 1991, the Ministry of Public Health has had a policy of keeping certain statistics a secret out of humanitarian concern and out of concern for Thailand's image."

Dr. Phatsakon said that from monitoring the spread of AIDS among various groups during the period June 1992 to June 1992 [as published], it has been found that AIDS has spread to all 73 provinces. Among those who work directly as prostitutes, the incidence of AIDS has increased from 3.5 percent to 20.69 percent. On the average, the rate of incidence has increased approximately 3 percent every six months. Among those who as prostitutes as a sideline, the incidence of AIDS has increased from zero to 6.01 percent.

The rate of incidence among male prostitutes has increased from 2.7 percent to 7.9 percent. Among men examined for a venereal disease, it has been found that the incidence of AIDS has increased from zero to 5.56 percent. The rate among IV drug users has declined 39 percent, with the rate now being 30-35 percent. During the period 1989-1990, the incidence of AIDS among pregnant women was zero, but by December 1991, the rate was 0.67 percent. Among blood donors, the rate has increased from 0.2 to 0.7 percent.

**Conference Notes AIDS, TB Link**

*93WE0004B Bangkok BANGKOK POST in English 4 Sep 92 p 3*

[Article by Aphaluck Bhatiasevi. First paragraph is introduction.]

[Text] Pattaya—AIDS remains the most serious communicable disease in Thailand, followed by sexually transmitted diseases (STD) and tuberculosis.

The Communicable Diseases Control Department opened its annual meeting here yesterday.

Some 320 participants from provinces all over the country were told that most of the communicable diseases in Thailand have decreased significantly or are under control, except for AIDS.

Department chief Dr. Surin Pinichpongse said thanks to technology, communicable diseases are gradually declining.

He added however that technology alone cannot cure diseases, other components, such as politics, economics, social structure, action of the government and provision of services are important factors.

Dr. Surin said it should be accepted that government hospitals alone cannot meet the need of the increasing number of people.

During his report to the meeting, Dr. Thaveesak Bamrungtakul said HIV infected people are sources of tuberculosis disease.

He said "patients with HIV are a source of infection of TB, which is the communicable disease causing the maximum number of deaths."

Dr. Thaveesak said earlier TB declined steadily but after the AIDS explosion, the rate of TB reduction has remained constant.

Quoting the statistics recently collected by Bamrunggrad Naradun Hospital, he said 47 percent of AIDS patients are found to have also been suffering from TB.

Although the disease is gradually declining nationwide, the number of TB infected patients is increasing in Bangkok and is higher than that of other parts of the country.

Dr. Thaveesak said the Public Health Department's hospitals could treat as many as 60 percent of new patients with TB but as TB treatment takes time, the hospitals' ability to accept new patients is reduced to only 30 percent.

#### **Babies Born to HIV Women; IV Drug Use**

*93WE0004A Bangkok BANGKOK POST  
in English 4 Sep 92 p 3*

[Article by Nusara Thaithawat. Words in boldface, as published.]

[Text] Pattaya—At least 3,000 infants were born to HIV-infected mothers nationwide since the first pregnant woman tested HIV-positive three years ago, according to Dr. Supachai Rerk-ngam, director of the Public Health Ministry's AIDS Division.

Dr. Supachai did not say how many of the 3,000 infants tested HIV-positive.

Doctors explained that the youngest age when the HIV virus could be detected was at least 15 months. Not all infants born to HIV-infected mothers carry the virus. The risk percentage of prenatal transmission is yet to be confirmed.

Dr. Supachai said it had been believed once that housewives faced the least AIDS risk, but it turned out that "housewives are at risk with the risk behaviour of their beloved husbands."

He said the first three Sentinel surveillances reported no cases of housewives testing HIV-positive.

As for the age of HIV carriers, he said "there is no specific age group."

"AIDS statistics are unlike those of other communicable diseases, due to its incubation period. It was reported that some 50 percent of HIV carriers will show symptoms only ten years later," he said.

The ministry has received reports of 1,753 AIDS-related and full-blown cases since 1984; half of whom have already died.

Dr. Supachai said HIV-infection was spreading across the board. "The figure is higher from each Sentinel surveillance for commercial sex workers (CSW) and also for indirect CSW," he said. The same applies to patients at the ministry's VD clinics.

As for intravenous drug users (IVDU), Dr. Supachai said the figure was lower but the group remained a great concern to the ministry. It is difficult to give specific figures because of the constant influx and outflux among IVDUs.

Dr. Supachai also said that still more men than women were reported to be HIV-positive, at a mean ratio of 6:1.

#### **AIDS Cases in High School**

*92WE0683A Bangkok MATICHON  
in Thai 4 Aug 92 p 17*

[Excerpts] [passage omitted] Mr. Michai Wirawaithaya, the minister attached to the prime minister, talked about the AIDS situation during a speech. [passage omitted] He said that at present, some students entering the university are definitely infected with the AIDS virus. Data show that the rate of infection among male and female secondary school students is 1.9 and 0.6 percent respectively. By the time they start their post-secondary school studies, they are already infected. [passage omitted]

#### **Prostitutes', IV Drug Users' AIDS Statistics**

*93WE0005A Bangkok LAK THAI in Thai  
5-11 Sep 92 p 3*

[Excerpt] The most recent report given by Mr. Michai Wirawaithaya, the minister attached to the Office of the Prime Minister, to the cabinet concerning the AIDS situation states that people with the AIDS virus can be found in every province and that the disease is spreading rapidly. In particular, those who work directly as prostitutes have the highest incidence of AIDS. For example, in Phetburi Province, 64 percent of the prostitutes have the virus. In Pathum Thani Province, 58 percent have the virus. In Chiang Rai, Nakhon Pathom, and Samut Sakhon provinces, the rate is 58, 49, and 48 percent respectively. As for those who work secretly as prostitutes, that is, women who sell their services at coffee shops, discos, food parks, and so on, in Pathum Thani Province, 33 percent are infected. In Kalasin and Kanchanaburi provinces, 25 and 24 percent respectively are infected with the virus.

As for men who have a venereal disease, in Phayao, Chiang Rai, Rayong, Ranong, and Pathum Thani provinces, 36, 31, 30, 17, and 15 percent respectively also have the AIDS virus.

As for drug addicts who have the AIDS virus, the percentages are as follows: Mae Hong Son, 100 percent; Trat, 78.5 percent; Chumphon, 75 percent; Samut Sakhon, 68 percent; and Yala, 66 percent. As for those who contracted the AIDS virus from blood transfusions, the percentages for Chiang Mai, Mae Hong Son, Phayao, Phetburi, and Chiang Rai are 10, 7.5, 6.7, 3.7, and 3.6 percent respectively.

Furthermore, a report issued by the World Health Organization on the AIDS situation in Asia states that India, Burma, and Thailand have 95 percent of the AIDS victims. But this is still the initial stage. A survey conducted in May indicates that of the 344 people with AIDS, 179 are in Thailand. [passage omitted]

### Rayong AIDS Second in Nation

93WE0078A Bangkok BAN MUANG  
in Thai 2 Oct 92 p 17

[Excerpt] Mr. Hem Bunphrom-on, the head of the Rayong Province task force for labor, welfare, and protection revealed that AIDS was a disease which still could not be cured and would spread. It had been learned that the Division of Communicable Disease Control of the Ministry of Public Health had very disturbing statistics: in Rayong 30 percent of the men requesting tests for venereal disease had the AIDS virus, and Rayong was second in the nation for pregnant women with AIDS giving birth to AIDS infected babies. Phrae Province was first with 8.8 percent, Rayong Province was second with 6.67 percent, Mae Hong Son Province was third with 4.25 percent, and Chiang Rai Province and Phetburi Province were fourth with 4 percent. It was not a time when concealment would help prevent this disease. [passage omitted]

### AIDS Statistics Updated

93WE0073B Bangkok DAILY NEWS  
in Thai 3 Oct 92 p 26

[Report by Naphaphon Phanitchat: "A Center for the Control of AIDS, Before It's Too Late...."]

[Excerpts] [passage omitted] At present in Bangkok there are about 40,000 drug addicts, and 40 percent have been found to have infectious diseases. [Passage omitted]

The statistics on those sick with AIDS in Thailand indicate that there have been 792 people sick with AIDS of whom 450 are still alive and 342 are dead. There are 1,067 with the AIDS related complex and an estimated 350,000 to 500,000 with the AIDS virus. In Bangkok there have been 114 people sick with AIDS of whom 65 are still alive and 49 are dead. There are 257 with the AIDS related complex and about 100,000 with the AIDS

virus. The ratio of male to female for those with the AIDS virus is six to one in the 20 to 44 age group. Those with the AIDS virus show symptoms about five to 10 years after they contract the AIDS virus. Therefore there is concern that in five years there will be 100,000 to 150,000 people sick with AIDS. Bangkok will be crowded with 30,000 people sick with AIDS, and the trend is for there to be many more sick with AIDS especially among housewives who contract the virus from husbands who use female prostitutes. [Passage omitted]

With regard to prevention Dr. Chaiyan Kampanatsaen-yakon, the deputy public health director for Bangkok and the chairman of the Center for the Prevention and Control of AIDS, said that if we were just not sexually promiscuous or wore condoms when using female prostitutes, it would be enough because the AIDS virus could not survive long outside the body. There were still some who misunderstood this and thought that it was a disease which was communicated easily. [passage omitted]

### AIDS Statistics by Risk Group

93WE0073A Bangkok DAO SIAM in Thai 4 Oct 92 p 2

[Text] The latest survey to determine the rate of spread of the AIDS virus in six target groups of the population found that pregnant women showed an alarming increase in contracting AIDS while drug addicts and open female prostitutes showed a small increase in contracting AIDS. The incidence for secret female prostitutes, men requesting tests for venereal disease, and those supplying blood did not show much increase.

A report from the Epidemiological Division of the Ministry of Public Health stated that regarding the survey to determine the incidence of the AIDS virus in the six target groups of the population which was done every six months, the latest survey in June found that the increase in the spread of the AIDS virus throughout the country in the target groups was as follows: The incidence for intravenous drug users in various provinces varied from 0 to 71.43 percent with an average incidence of 35.83 percent. This was only a small increase from six months earlier in December 1992 when the incidence was 33.89 percent. The top five provinces for those with the AIDS virus [in this group] were: Phatthalung Province, Rayong Province, Krabi Province, Trat Province and Nakhon Si Thammarat Province. In these provinces the incidence was over 56 percent.

The incidence for open female prostitutes with the AIDS virus was between 3.23 and 67.2 percent with an average incidence of 23.76 percent. This was only a small increase from the past incidence of 21.65 percent. But a trend for the incidence to increase a great deal was noted in some provinces, especially for provinces in the upper part of the North. The top five provinces for those with the AIDS virus were: Nakhon Pathom Province, Phayao Province, Lamphun Province, Chiang Rai Province, and Lampang Province. In these provinces the rate was over 50 percent.

The incidence for secret female prostitutes with the AIDS virus was between 0 and 39.73 percent with an average incidence of 4.73 percent. This was slightly lower than the survey six months ago when the incidence was 5.41 percent, but in some provinces the incidence increased a great deal especially in the provinces of the central region. The top five provinces for those with the AIDS virus were Sisaket Province, Pathum Thani Province, Suphan Buri Province, Sing Buri Province, and Chainat Province.

The incidence for men coming for tests for venereal disease throughout the country was between 0 and 45 percent with an average incidence of 5.73 percent. This incidence was very close to the incidence in the last survey which was 5.56 percent, but there were many provinces in the North where a high incidence was found. The top five provinces for men with the AIDS virus discovered during tests for venereal disease were: Phayao Province, Lamphun Province, Chiang Rai Province, Rayong Province, and Chiang Mai Province.

The incidence for pregnant women with the AIDS virus was between 0 and 7.38 percent with an average incidence of 1 percent. This was an increase from the past survey—it increased from 0.67 percent to 1 percent. This indicated that the AIDS virus had spread to the general population. Since each year about 1 million women have babies, therefore about 10,000 of them throughout the country would have AIDS, and about 30 percent of the babies would be at risk of contracting the AIDS virus from their mothers. Or one could say, of the 1 million babies born each year, about 3,000 would have the AIDS virus. The increase in the incidence for this group therefore caused great concern because a report had been received that there were pregnant women with the AIDS virus in all 73 provinces. The provinces with the highest incidence were: Rayong Province with 7.38 percent, Phet Buri Province with 7 percent, Phrae Province with 6.25 percent, Chiang Rai Province with 6 percent, and Phayao Province with 5.11 percent.

**Minister Links AIDS, Nordic Tourists**  
*93WE0028A Stockholm SVENSKA DAGBLADET  
in Swedish 6 Sep 92 p 22*

[Article by Benita Andersson: "Sex Tourists Are Uncivilized"]

[Excerpts] He is around 45, Swedish, big and has a slightly reddish sunburn. She is not quite 15, with slender limbs and exotic beauty. She smiles when she does not understand his language, smiles when he talks about his children over dinner, and she is still smiling when under his strong upper arm she disappears into the cheap hotel.

It is time to do her part for the food and the 1,000 baht which the rich, Swedish tourist has paid for her body.

The girl is not alone in this gratitude. The same scene is played out daily and everywhere in Pattaya, Bangkok

and Phuket, in Manila, on the Gambian beaches and in other cheap vacation paradises; thousands upon thousands of European, American, Australian and Japanese men are buying love at cheap prices from a poor family. [passage omitted]

**Excuses**

Most are men, who in their home countries speak with disdain about prostitutes, but who during their vacation—and quite without compunction—pay for intercourse, for a night or a week of their vacation. Or as two Swedes with advanced education expressed it after a few months in Thailand:

"It takes a couple of weeks before you get over the inhibition. But once you have paid for one girl, you continue. These girls are not like the Swedish whores. These girls are soft and nice. And, above all, they are submissive and grateful."

Sex tourists justify their behavior with the fact that prostitution is an old custom and that they are only doing the countries, the girls and their families a financial favor. But according to Thailand's "AIDS minister," Mechai Viravaidya, in reality it is only the sex industry and its employees which welcome the sex tourists.

"We want an end to the sexual exploitation of women and children," he says. "Those who make sperm trips to Thailand can stay home. To travel to a poor country and destroy the future of women and children is beneath the dignity of a civilized and well-educated society."

Mechai Viravaidya even goes so far as to demand action on the part of the airline industry. For how do the sex tourists get to Thailand? he asks rhetorically. Why, by airplane.

"SAS and other airlines must be aware of these men's purpose for their trips and they should set limits. The airlines cannot just sit back and say that they have nothing to do with this."

Thai tourism is up quite sharply over the last few years. In 1990 the country received 5.2 million visitors, who brought in a total of 4.6 billion kronor. Far more than half of the tourists were men, and last year 70,000 Swedes visited the country.

**Health Cards a Sham**

But the sex tourists who visit Thailand do not just jeopardize the culture and the girls' future. They also run the risk of getting AIDS. So far at least nine Swedes, four of them heterosexual, have been infected with HIV in Thailand. Many Swedish sex buyers have not been AIDS tested, however, and the spread of HIV increased very drastically during the last year in the tourist areas. [passage omitted]

**Interior Ministry Anti-AIDS Efforts Discussed**

93WE0056A Bangkok *THE SUNDAY POST* in English  
11 Oct 92 p 20

[Text] The Interior Ministry wants power to revoke permits of entertainment places which employ service women or men infected with serious communicable diseases.

The move, recommended by the Police Department, involves amending the Entertainment Act.

Deputy chairman of the Committee of Coordination and Inspection of Crime Suppression Pol Major General Sombat Amornvivat said the amendment is aimed at controlling Acquire Immune Deficiency Syndrome (AIDS) which is spreading rapidly in tea houses and brothels which provide cheap sexual services to low-income customers.

One might be tempted to say cynically: "We've heard this all before".

In the past there have been several attempts at legislative amendments to tackle prostitution and to curb the spread of the deadly disease by solely penalizing prostitutes.

The latest attempt was made by the first government of Anand Panyarachun which sought to amend the Anti-Prostitution Act and which, like previous attempts, met strong criticism from non-government organizations (NGOs) and feminist groups.

Under the then proposed amendments, all prostitutes at least 18 years of age, are to be issued with health cards to certify that they are free from serious communicable diseases which are sexually transmitted.

Those without health cards are prohibited from working.

Though it was left open for the director-general of the Public Welfare Department to finalize the time span, the health cards are to be renewed periodically upon regular medical check-ups by designated medical establishments.

The more positive point of the proposed amendments is to seek heavier penalties for procurers, pimps, and the owners of sex establishments especially when under-age prostitutes are involved.

However, the existing Criminal Code still provides heavier penalties, although hardly ever used, when dealing with matters of prostitution.

The proposed amendments were, nevertheless, put on the agenda, but owing to the lack of time of the Anand I administration they were never deliberated.

This time, the Police Department is seeking to add one clause to Article 16 of the entertainment Places Act: prohibiting entertainment places from employing persons infected with serious communicable diseases which are sexually transmitted, specifically AIDS.

Violations of Article 16 are punishable under Article 12: revocation of the permit to open and operate an entertainment place.

Another *deja vu* aspect is to provide "help" for women who are to leave prostitution, through training and rehabilitation programs with the Public Welfare Department.

Pol Maj. Gen. Sombat explained the police initiative to amend the Act results from consultations with then Prime Minister's Office Minister Saisuree Chutikul and Police chief Gen. Sawat Amornvivat.

"Minister Saisuree wanted the police to have a bigger role in helping curb the spread of HIV, saying it had the manpower covering the entire country. The police are also involved in arrests of procurers for brothels and tea houses. So that's how we started," Pol Maj. Gen. Sombat said.

The committee began seeking cooperation from owners of entertainment places which cater to low-income customers and also to collect data on the AIDS situation in tea houses and brothels nationwide.

Pol Maj. Gen. Sombat said surveys between June 1991 and July this year indicate that an average of 31 percent of service women in tea houses and brothels are infected with the Human Immunodeficiency Virus (HIV).

"These entertainment places cater to the low income group. These people are uneducated, especially in the use of condoms, and that is why AIDS is spreading so rapidly.

"We are concerned about this group and therefore decided to review the role of the police."

He said there were two items of legislation which the police can use to curb the spread of HIV: the Entertainment Places Act and the Anti-Prostitution Act.

"The police can seek cooperation and/or pressure the owners of entertainment places not to allow HIV-infected women to receive customers and further spread the disease.

"If they are HIV-infected, they should not spread it and should take up another job other than sexual services."

He said that even though there is an active campaign for the use of condoms to prevent HIV transmission, "some men still do not like to use condoms and simply refuse to use them".

"The men who visit these places are willing to pay 80 baht for the women but not five baht for a condom. We must continue to educate them. The best course, however, is that the women should not be infected," he said.

Under the much advertised transparency of both Anand administrations, which included Thailand's most articulate anti-AIDS campaigner, Mechai Viravaidya, in the PM's Office, this move to amend the Entertainment Places Act was kept secret from the public.

The first lead on the amendments came only last month when news broke of the police busting tea houses in Bangkok's Chinatown and allegedly forcing prostitutes to have blood tests for the HIV virus.

A group of 25 NGOs which work on AIDS education, led by Dr. Prawase Wasi, protested against the forced testing which they said was not only a violation of human rights but a clear indication of the total lack of understanding about AIDS in Thai society.

At that time, no one realized that the police were in fact collecting data on the AIDS spread in tea houses and brothels to back up their move to amend the Entertainment Places Act.

The committee in the last month alone has busted 28 tea houses and tested 700 women in the city. The figures for the provinces are still to be finalized and forwarded to Bangkok.

Pol Maj. Gen. Sombat denied police "forced" prostitutes to have blood tests conducted by officials from the Ministry of Public Health.

"We are testing only those who are willing and, in many cases, many of the prostitutes refused and we did not force them."

He said the police did not record the identities of the women who agreed to tests.

"We don't know their names, only the results."

Then PM's Office Minister Saisuree was kept informed of the project and the results of the tests, Maj. Gen. Sombat said.

A team comprising committee members and Public Health officials would go to see the owners of the entertainment places and ask whether any of the prostitutes would be willing to have blood tests, he said.

"The ministry asked for blood tests. They asked for police cooperation because they had run into problems in the past when trying to deal with these establishments," said Maj. Gen. Sombat.

Meanwhile, surveys conducted by various medical and social institutions, as well as a number of prominent doctors including Dr. Vicharn Vithayasai of Chiang Mai University, have indicated that the speed of HIV infection among non-HIV infected prostitutes in brothels can be dramatically high.

Research by Dr. Vicharn and his team indicated that in some popular places in the North, between 30 and 40 percent of the "new" prostitutes become HIV-infected within six months.

"Removing infected women will only speed the rate of infection. Old women go, new women come. The women move to another brothel or even to another province. The best way to curb the spread is through prevention by use of condoms," Dr. Vicharn said.

His comments remain valid against the background of moves to amend the Act.

But Pol Maj. Gen. Sombat said the flow of new women into the flesh trade cannot be blocked anyway.

"I have discussed this issue with Minister Saisuree. There was concern that infected women having to leave prostitution would create a gap in which more women would have to be recruited," he said.

He cited statistics from 1979 when there were said to be only 30,000 prostitutes in the country and today's official statistics of 60,000.

"The inflow cannot be blocked. It is an economic question. There are a large number of unemployed women," he said.

HIV-infected women leaving one place will find work in another place, maybe in the same province or in another, continuing to spread the disease, Maj. Gen. Sombat said.

"Nowadays the owners are aware of the problem and do not want infected women to work for them because they are concerned about their reputation. It has become more widespread so that now before a woman can work in these places they have to be HIV-free.

The Technical Division of the Police Department is drafting the amendments which will be submitted to Interior Minister Gen. Chavalit Yongchaiyudh who is to seek approval from Parliament.

"Just one clause will be added to Article 16 of the Act. We expect to submit the amendments to Parliament this October or November," Maj. Gen. Sombat said.

He said that if the changes are passed by the House of Representatives, the committee will no longer directly be involved but the Crime Suppression Division and local police in their respective areas of jurisdiction nationwide will be responsible.

As for monitoring, Maj. Gen. Sombat said random blood tests will be conducted periodically, maybe every one or two months.

"In monitoring, we can only give advice, we cannot force," he said.

He said that since the KTP started the project, the monthly figures have already been showing signs of improvement.

He cited last month's figure of 700 prostitutes tested for HIV virus, of whom only one was positive.

"For now, we can deal only with the cheap establishments which cater to the low-income group, tea houses and brothels. In due time we move on the more expensive establishments which serve as fronts for prostitution," he said.

**Thirty-Five Percent of Drug Addicts HIV Positive**  
*BK0111074092 Bangkok Radio Thailand Network  
 in Thai 0000 GMT 1 Nov 92*

[Text] The Public Health Ministry has been mobilizing resources from both the state and private sectors for prevention and control of AIDS from intravenous narcotics use. The number of AIDS patients is now on the rise. Dr. Withun Saengsingkeo, director general of the Medical Service Department, disclosed that there are 300,000 drug addicts nationwide and 50,000 have sought medical treatment. He said a study shows that 35 percent of the number seeking medical treatment have contracted the AIDS virus.

**Paper Examines Spread of AIDS**

*BK1011052992 Bangkok THE NATION  
 in English 10 Nov 92 pp B7, B8*

[Excerpts] The acquired immuno-deficiency syndrome (AIDS) virus, which only three years ago was confined to high risk groups, is steadily spreading among the general population in spite of awareness campaigns.

A group of doctors attending the 18th Congress on Science and Technology of Thailand last month who portrayed the AIDS scenario in Thailand said the epidemic is encroaching on unsuspecting segments of the society.

Less than a decade after the first case of AIDS was reported, Thailand is already the country with the highest number of cases testing HIV positive in Asia.

"Data gathered by us show that the number of HIV positive cases among drug addicts has stabilized at about 35-40 percent since 1989. The rate of increase of infection among members of high risk groups like prostitutes and their male clients is falling. On the other hand, however, we find the percentage of people representing the general population testing HIV positive to be on the rise," said Dr. Khanchit Limpakanchanarat, a Thai Public Health Ministry official who also directs the HIV/AIDS Collaboration, a joint project of the US Centres for Disease Control and the Thailand Ministry of Public Health.

Such a trend, Kanchit added, spells both social and economic disaster.

"In the estimate of Thai Working Group, a non-governmental organization set up by former Deputy Minister Michai Ruchupan [as published], Thailand will have the about 2.4 million human hosts of the HIV virus by 2000. Each patient will require a spending of Baht 500,000 to Baht 1,000,000 on medication to keep alive,

and will not be productive during the time. It will amount to an economic drain of Baht 1.5-2.4 trillion," he said.

Public health officials are concerned that pregnant women, considered one of the lowest risk groups, are increasingly reporting cases HIV positive the number of cases rose from nill in the middle of 1990 to 1 per cent this year. [Sentence as received]

"With about one million pregnant women in Thailand, it means 10,000 mothers-to-be are coming down with the AIDS virus each year. Statistically one-third of them will pass the virus to the child. That is, over 3,000 children will inherit the HIV annually. The number will increase as the percentage of HIV in pregnant women rises," he said.

Khanchit's estimate concurs with a recent report submitted to the Public Health Ministry which counts 3,000 mothers with the AIDS virus. The real figure be could be higher.

"The data came from big public hospitals in major provinces with the facility to check expectant women's blood samples," said a medical source in the public [health] ministry.

"But the figure does not cover other medical facilities like private hospitals and rural medical clinics. The actual figure could, therefore, be higher," the source added.

Kanchit said the Public Health Ministry is making concerted efforts to bring the disease among all the groups under control though without much success.

"I must admit we have not succeeded everywhere. For example we have been able to control the spread of the virus in drug addicts and, after launching the '100 percent condom' programme, prostitutes. But we have yet to think up of measure to effectively clamp down on the virus' growth in other groups such as pregnant women. Part of the problem, he said, stems from husbands being reluctant to use condoms during intercourse with their wives. "The husband who is willing to use a condom when visiting a prostitute thinks otherwise when asked to do the same with the spouse. The problem stems from men's attitudes toward the use of condoms; disease prevention in the first case and birth control in the second," he said.

The worry over AIDS is not confined to the Public Health Ministry. At least one other government organization is equally concerned: the Thai military.

Thai military officials have admitted that there are AIDS cases among their men in the northern provinces. "Data on new recruits force us to designate the northern provinces as areas of alarm with over 10 percent cases reported," said Col. Dr. Narongrit Sirisopha, who works at the Armed Forces Research Institute of Medical Sciences (AFRIMS). "I never thought we would see a

redmarked map once again since the days of communist insurgency decades ago," he said.

According to Narongrit, a survey by the military shows an overall increase in the percentage of HIV positive cases among army recruits from 0.5 in 1989 to 3.2 this year.

"But that is the overall figure. If we separate by region, the northern military district comes first with 7 percent. The figure is higher when we consider provinces such as Payao (20 percent), or Chiang Mai (14 percent). We found out that about 60 percent of recruits tested positive were living in the North Easter region of the country two years before they joined us," he said.

To counter the problem, the Thai military is joining hands with the US Army, the Public Health Ministry and the World Health Organization in a project that will mark the first test of AIDS vaccine in Thailand.

Col. Dr. Sorachai Phithayaphan, Dr. Narongrit's colleague, said: "We have submitted two protocols to the National AIDS Committee set up by the Public Health Ministry to oversee the AIDS situation. One concerns the testing of the vaccine in HIV positive volunteers; the second concerns the testing procedure on unaffected people.

"The World Health Organization is helping draw up a National AIDS Vaccine Plan which will offer guidelines for groups wanting to test the vaccine in Thailand," he said.

He said the AFRIMS plan was not the same as the one earlier announced by the World Health Organization.

"WHO thought earlier that they would be able to launch an AIDS vaccine test in Thailand. Later, they changed their mind and decided to play a guiding body instead," he said.

If all goes well, the first test can begin next year and the second within six months. The vaccine, he added, would still be GP160, which is engineered from a part of the genetic code making up the HIV virus.

"We plan to use 60 HIV positive volunteers in the first test and 120 normal persons in the second," he said.  
[Passage omitted]

Dr. Sorachai stressed that the only way to stop the spread of the disease is for all government departments to join hands in the fight against the disease.

"The AIDS problem is a very, very serious one to be handled by any one department. We need to collaborate if we are to control it," he said.

## VIETNAM

### Pasteur Institute Detects 76 HIV Positive Cases

*BK0410063492 Hanoi VNA in English  
0554 GMT 4 Oct 92*

[Text] Hanoi VNA Oct. 4—The Pasteur Institute of Ho Chi Minh City has detected 76 HIV seropositive cases. Of the total 68 are foreigners, three are overseas Vietnamese returning home to get married, and five are Vietnamese citizens. The Vietnamese carriers of this deadly disease are four women and one man, all of whom reside in Ho Chi Minh City, Tay Ninh, Tien Giang and Hau Giang provinces. The youngest one is a 16-year-old girl.

At a press conference, Professor Ha Ba Khiem, director of the Pasteur Institute, said three of the four women patients were reported to have had sexually-related activities.

It is known that one HIV seropositive case has been detected in a man in North Vietnam.

### One More Vietnamese Infected With HIV, Total Now 7

*BK0711143692 Hanoi VNA in English  
1344 GMT 7 Nov 92*

[Text] Hanoi VNA Nov. 7—The Ho Chi Minh City Dermatology Center recently gave VD treatment to a 27-year-old Vietnamese man and found him HIV seropositive.

Thus seven Vietnamese citizens so far have been determined to be carriers of the AIDS virus - one in Hanoi, two in Tay Ninh Province, one in Tieng, two in Ho Chi Minh City and one in Soc Trang.

The Pasteur Institute in Ho Chi Minh City has also detected the virus in 71 persons from abroad including three overseas Vietnamese returning to Vietnam to get married.

Sources from the institute said all the infected Vietnamese are reported having had sexual relations with foreigners.

**ALBANIA****Ministry Spokesman Reports Danger of AIDS 'Increasing'**

*AU2909180192 Tirana ATA in English  
1122 GMT 29 Sep 92*

[Text] Tirana, September 29 (ATA)—Although not a single case of infection with AIDS is found as a result of about 3,500 tests made, a spokesman of the Ministry of Health and Environmental Protection and of the National Commission of the Struggle Against AIDS thinks that Albania is not immunized from it.

The mortal disease, which in the neighbouring countries of Albania has reached the figure of 273 cases in Yugoslavia and 559 cases in Greece, may be favoured by numerous movements of the Albanians in the neighbouring countries, the way of their living, extension of tourism, the coming of foreign businessmen, and going of local ones. But there are also other ways which increase the danger of AIDS, because sterile plastic syringes and needles for one use only are not yet used in the Albanian medical system; subjective shortages are noticed in sterilization of means of injection, surgical, obstetric gynecological, and dental means; compulsory control of blood for the virus of AIDS is not yet exercised.

Proceeding from this situation, it is indispensable that a national policy against AIDS in Albania be formulated, the spokesman says informing that to this end a national conference will be organized in Tirana from September 29-October 1 by the Ministry of Health and Environmental Protection and the National Office of AIDS, with the support of the World Health Organization. The conference will be organized under the auspices of the president of the Republic, Sali Berisha.

**Conference Stresses Need for 'National Policy' Against AIDS**

*AU3009150592 Tirana ATA in English  
1120 GMT 30 Sep 92*

[Text] Tirana, September 30 (ATA)—The national conference to prevent and fight AIDS in Albania organised by the Ministry of Health and Environmental Protection, the National Commission of the War Against AIDS, and the National Office of AIDS, in cooperation with the World Health Organisation, began its proceedings in Tirana on September 29. The conference, which will continue its proceedings until October 1, is held under the auspices of the president of the Republic, Sali Berisha.

Health experts in Albania say that Albania ranks among the countries with a low prevalence of HIV infection (the virus causing AIDS), although no person infected or sick with AIDS is found in the contingents checked up so far. They point to the fact that the formulation of a national policy against AIDS in Albania is indispensable.

The participants in the conference were greeted by the minister of health and environmental protection, Tritan Shehu.

Sven Eikeid, vice-director of the global programme of the WHO, described the conference as a first important step and the first of its kind held in one of the countries of Eastern and Central Europe.

The conference was greeted also by Ilion Kikbush, director in the Regional Bureau of Europe in Copenhagen.

Then, Dr. Besim Nuri, deputy minister of health and environmental protection, read out the topic "What is AIDS and the ways it spreads." The conference will hold its proceedings in plenary sitting also in five working groups.

**AIDS Conference Ends, Recommends Individual Testing**

*AU0310220092 Tirana ATA in English  
1119 GMT 2 Oct 92*

[Text] Tirana, October 2 (ATA)—The national conference for combating AIDS held under the auspices of the President of the Republic Sali Berisha ended in Tirana.

This conference discussed extensively the ways of disseminating AIDS, the social and economic impact of HIV infection, the human rights and discrimination, epidemiologic state and possibilities of infections with AIDS in Albania, the interference and strategies of the World Health Organization for preventing and combating AIDS, for drafting politics towards it.

The goal of the conference is to draft a policy of national understanding to AIDS, which will be a base for cooperation of all sectors against this disease. So far there is none in Albania afflicted with this disease.

The conference jumped at the conclusion that it is necessary to make aware of this disease the government and nongovernment organizations, health service at all levels, and the whole social opinion. As for the policy in regard to AIDS, the conference recommended to make tests for separate individuals and groups, to establish control on blood donators, to make a broad sero-epidemiologic examination, etc.

In the later time some seminars will be held with groups of specialists to treat of particular aspects to prevent AIDS, and working groups will be set up to draft a long-and-middle term strategic plan. [Sentence as received]

## ARGENTINA

### Non-HIV-Screened Blood Used Until 1989

*PY0211215092 Buenos Aires BUENOS AIRES HERALD in English 2 Nov 92 p 7*

[Text] (DYN)—Senator and former Health Minister Conrado Storani yesterday reported that screening for the AIDS-causing HIV virus at bloodbanks and of blood-derived products didn't take place in Argentina until 1989 when a decree was signed establishing measures to prevent the spread of the disease.

An article that appeared in the French daily *LE MONDE* reported that the French Mérieux laboratory exported to Argentina between 1983 and 1986 an unknown quantity of the Factor VIII blood derivative that may have been contaminated with the HIV virus.

Storani said that after international meetings on AIDS that took place in 1986 and 1987 the World Health Organization drew up a series of specific recommendations to avoid contamination through blood transfusions. He also said that he doesn't recall that authorization was granted to import Factor VIII during his term from April to September 1987.

Clinicas Hospital Director Florentino Sanguinetti agreed with Storani's account that there was no HIV-detecting test in place before 1989. "It was a period of transition... For the last three years they have carried out very rigorous checks."

Between 1983 and 1985 blood-derived products originating in the United States were exported by Mérieux laboratory—with the approval of French authorities—without undergoing a heating process that would have killed the virus.

The dissemination of contaminated Factor VIII through the National Blood Transfusion Centre of France has been estimated to have infected 1,200 haemophiliacs with AIDS, 256 of whom have died.

## CUBA

### Santiago de Cuba Province Reports 28 Cases of AIDS

*FL0610202792 Havana Radio Reloj Network in Spanish 1948 GMT 6 Oct 92*

[Excerpt] [Passage omitted on business hours, services of new AIDS information bureau] With a million residents, Santiago de Cuba is one of the provinces least affected by AIDS. Currently, there are 28 seropositive cases, of which 23 are interned in the Dos Caminos sanatorium in San Luis.

### First International AIDS Seminar Opens 30 Oct

*FL3010174292 Havana Radio Rebelde Network in Spanish 1255 GMT 30 Oct 92*

[Text] The first international seminar on HIV infection, which causes AIDS, begins today, sponsored by the Pedro Kouri Institute of Tropical Medicine. During the two days of meetings at the Habana Libre Hotel in Havana, Cuba's experience in testing to detect antibodies against HIV and treating those who are carriers of the virus or afflicted with AIDS will be presented.

This seminar will include a series of participatory workshops and roundtables at which specialists from the Institute of Tropical Medicine and others who work in the sanatoriums will discuss psychological and clinical-therapeutic aspects, as well as the results of laboratory research concerning HIV.

For the first time, there will be a discussion of AIDS and the law—an extremely controversial topic—during which Cuban Public Health Ministry officials will provide information on the efforts being made to provide better care to those who live with the AIDS virus.

### Public Health Ministry Reports on AIDS Plan

*FL0211031792 Havana Radio Rebelde Network in Spanish 1000 GMT 31 Oct 92*

[Text] The Public Health Ministry has reported that more than 3 million tests have been carried out in Cuba to detect antibodies to HIV, and this has made it possible to identify seropositive cases within three months. According to statements by Dr. Hector Terry Molinet, a deputy public health minister, this plan and the specialized care provided to those infected are part of an action campaign aimed at preventing the AIDS virus from becoming a serious health problem.

For her part, Dr. Dorothy Blake, the deputy director of the world program against AIDS, has stated in Havana that the treatment for AIDS sufferers is expensive, and in some countries the patients are left to suffer and not provided with medicine that will alleviate their illness. It is currently estimated that from 10 to 20 million adults have been infected with the AIDS virus. Of that number, 2 million live in the Americas.

### First AIDS Seminar in Havana Under Way

*FL0211031892 Havana Radio Rebelde Network in Spanish 1800 GMT 31 Oct 92*

[Text] The first seminar on infection by the AIDS virus is being held in Havana with the participation of several countries of this region and Europe. Here is Luci Gispert with her report for us from the Habana Libre Hotel, where the event is taking place.

Gispert: The experience of our health care system in the field of clinical and therapeutic epidemiology, pathological anatomy, psychology, and sanatorium care, among other subjects, has been presented in these two days of

work. Opening the event, Dr. Jorge Perez Avila, the director of the sanatorium in Santiago de las Vegas, mentioned that the strategy followed here with AIDS patients is based on man's right to life and to receive medical care and social security. But he said that he believes that citizens' duties must go hand in hand with these rights.

For his part, Dr. Rodolfo Rodriguez, the director of epidemiology at the Ministry of Public Health, asserted that the policy we have followed with this disease has made it possible to keep the levels of infection lower than in other nations, as has been verified by institutions like the WHO. He stated that AIDS is not a serious health problem in Cuba.

The first case of AIDS in Cuba was reported in 1986. Since then, 851 seropositive cases have been detected. Of these, 151 have become ill, and 83 have already died.

### Researchers Seek To Identify AIDS Virus Variants

*FL0211151092 Havana Radio Progreso Network in Spanish 1200 GMT 2 Nov 92*

[Text] Scientists from Cuba's AIDS research laboratory have recently instituted a system of vigilance over the variants of the virus that are circulating in our country, with the objective of identifying their characteristics from the biological and genetic point of view as well as in other ways. Dr. Francisco Machado, director of Cuba's AIDS research laboratory, said this work seeks to identify the variants that exist in Cuba, detect any new variants of this same virus, and form a national virus stock bank.

### GUYANA

#### National AIDS Secretariat Confirms 333 Cases

*FL3110015692 Bridgetown CANA in English 2108 GMT 30 Oct 92*

[Text] Georgetown, Guyana, Oct 30, CANA—Guyana has 333 confirmed cases of the deadly acquired immune deficiency syndrome (AIDS), head of the National AIDS Secretariat, Dr. Edgar London, said here Friday.

He said 103 new cases were recorded for the first nine months of this year, compared with 60 for the corresponding period last year.

During the first three months, 28 people tested positive, 43 in the second and 32 in the third.

Dr. London says the recorded drop in confirmed cases in the second quarter was due to reduced testing because of a shortage of "certain kits" to conduct testing.

"We were out of certain kits so that testing was held up for about two or three weeks and that is the reason for the drop in numbers, but perhaps the number in the last quarter might be a larger numbers," he said.

London said the AIDS Secretariat has recorded about 750 cases of HIV (human immuno-deficiency virus which causes AIDS) and has multiplied the figure by 10 according to international practices to get an estimate of HIV cases countrywide.

He said the secretariat is focusing heavily on education as the major source of prevention.

Guyana's first confirmed AIDS case was reported in 1987, but London said he suspected a young girl died of the disease in 1983.

### HONDURAS

#### Public Health Official Reports on AIDS

*92WE0705A San Pedro Sula TIEMPO in Spanish 2 Sep 92 p 4*

[Text] Tegucigalpa—Treatment for a patient with Acquired Immune Deficiency Syndrome (AIDS) costs 6,000 lempiras, Enrique Zelaya, head of the AIDS Prevention Campaign, reported yesterday.

The official said that to date, 3,146 persons have been infected with the Human Immunodeficiency Virus (HIV) and 2,064 of these individuals have now developed AIDS. San Pedro Sula has 831 of the cases and 288 are in the capital.

Men make up 65 percent of the cases, while 55 percent of the asymptomatic carriers are women, "asymptomatic" meaning that they are infected but have developed no symptoms.

In August alone, 43 cases were reported. Three of these are children under the age of 10 infected by their mothers. The number of cases recorded so far this year exceeds last year's total. Health officials predict that if the disease continues at this accelerated rate, some 6 million lempiras will be spent on it in 1993.

Zelaya said the extra budget allocated for AIDS is 6 million lempiras, funds used on education, the purchase of equipment, and Health personnel. The allocation sought for next year is 2.8 million, plus another \$600,000 in international aid.

He said the average life expectancy of Hondurans is 62 and that most AIDS victims die at around the age of 27 or 28. In other words, their lives are shortened by more than 30 years, with the resulting impact on the country's productive process.

Over 97 percent of our people are aware of the existence of AIDS, according to polls conducted by the Ministry of Health, but still reject means used to prevent the disease, particularly the condom.

The official said it is the people who live on the northern coast who are the most opposed to using condoms—only six or eight out of 10 do—in contrast with those in the central zone, where 100 percent use them.

AIDS victims in Honduras are not being treated with the only drug effective in AIDS treatment, AZT, because of the high cost. However, officials are trying to initiate a program for 60 infected persons that will cost some \$100,000, to be financed by the Inter-American Development Bank (IDB). persons.

Treatment of AIDS victims in the nation's hospitals lasts 15 to 20 days and only 90 percent of those infected receive treatment.

#### Over 1,100 AIDS Cases in Regional Capital

92WE0705B *Tegucigalpa EL HERALDO*  
in Spanish 11 Sep 92 p 26

[Text] San Pedro Sula—Health Region No. 3 confirmed yesterday that over 1,100 persons in this city have been infected with Acquired Immunodeficiency Syndrome (AIDS).

Felipe Aguilera, head of the region, said the spread of the disease results from the fact that people fail to take the necessary preventive measures when they visit houses of prostitution or other places frequented by persons with the disease and where the virus is therefore likely to be contracted.

He reported that the region is conducting patrols in an effort to check the spread of the disease and warn those who do not yet have it, but who could be infected at any

time because they take no precautions when frequenting prostitutes, drug addicts, or carriers of the virus.

Aguilera appealed to the population to abstain from visiting "centers of corruption" since this is where most AIDS victims report they were infected with the HIV virus.

He added that the number of persons undergoing AIDS testing has risen of late, either because all places of work require it or because they wish to see whether they carry the fatal disease.

#### ST. CHRISTOPHER AND NEVIS

##### Health Official Reports 35 AIDS Cases

FL2909182992 *Bridgetown CANA*  
in English 1643 GMT 29 Sep 92

[Text] Basseterre, St. Kitts, Sept 29, CANA—St. Kitts-Nevis has recorded a total of 35 AIDS cases since 1985 when authorities started keeping records of the disease, a senior health official said.

Chief medical officer, Dr. Thomas Jones, speaking Monday at the start of a two-day workshop on AIDS and sexually transmitted diseases, said a child under the age of five was among the 35 cases.

An almost equal number of males and females in the 20-49 age range, accounted for the remaining 34 cases.

## INDIA

### Concern Expressed Over Progress of AIDS 'Pandemic'

#### India Second to Thailand

93WE0020A Madras *THE HINDU*  
in English 11 Sep 92 p 11

[Article: "Alarm Over Spread of AIDS"]

[Text] New Delhi, Sept. 10—Since 1984 when the first case of infection with the AIDS causing human immunodeficiency virus (HIV) was identified in the South East Asian region, the disease has spread rapidly with as many as 45,000 infected persons in eight countries of the region. While Bhutan, North Korea and Mongolia remain AIDS free, in Thailand it has reached epidemic proportions—34,545 of the 45,000 persons identified as infected till May this year in this region are in Thailand.

The South East Asian regional office of the World Health Organisation at its recently concluded regional committee meeting reviewed the deteriorating AIDS situation. India comes next to Thailand in this region with 7,272 HIV infected persons identified. Of the 344 full blown AIDS cases in the region, 179 were in Thailand and 116 in India.

The WHO studies have shown that the disease is spreading rapidly from intravenous drug users and prostitutes to the general population through heterosexual contact, a major mode of transmission of this disease in this region.

In India, HIV infection has increased rapidly among prostitutes in Bombay and Tamil Nadu. In Bombay 35 percent of the brothel prostitutes are carriers of the HIV infection and in Vellore in Tamil Nadu the rate of infection has increased among prostitutes from 0.5 percent in 1986 to 34.5 percent in 1990. Of the intravenous drug users tested in the North-Eastern states, almost 50 percent have been found to be infected.

Although the AIDS pandemic in this region is still in its early stages.

#### Alarm in Tamil Nadu

93WE0020B Madras *THE HINDU*  
in English 14 Sep 92 p 3

[Article: "AIDS Cases on the Rise"]

[Text] Salem, Sept. 13. The State Government proposes to setup an AIDS awareness centre in Madras and the U.S. has agreed to provide all the facilities and material necessary for it, the Secretary for Health and Family Welfare, Mr. K. Inbasagaran, has said.

Inaugurating an AIDS awareness campaign organised by Prakriti, a voluntary organisation, here on Sunday he said the setting up of the centre would be the first step in

disseminating knowledge about the disease which had started causing alarm in Tamil Nadu. The incidence of AIDS, which was 2.5 per 1,000 in 1986, had risen to 5.24 per thousand in 1991. According to a recent study, 18 percent of the rural population around Madras was suffering from venereal disease.

Among voluntary blood donors, HIV-infected cases had doubled to 0.2 percent in the last four to five years. As blood was found to be among the major carriers of the virus, all the blood banks had been instructed to test the blood for HIV, collect all the details about the donors and preserve 10ml of every unit of blood so that it could be tested by the Government authorities. "So far there had been a lot of laxity with regard to the functioning of the blood banks. Hereafter stringent action would be taken against them," Mr. Inbasagaran said. His department would provide HIV testing kits wherever necessary. The public should also insist upon the blood test report before transfusion.

**The main reason:** However only two percent of the AIDS incidence was due to blood transfusion. It was mostly due to wrong sexual practices.

#### Campaign in Northeast

93WE0020C Calcutta *THE STATESMAN*  
in English 25 Aug 92 p 16

[Article: "Fighting AIDS in Manipur"]

[Text] In view of the rapid increase in the number of HIV infection cases among intravenous drug users and detection of full blown AIDS cases in some North-eastern States, particularly in Manipur and Nagaland, the World Health Organization has chalked out a blueprint to actively support the Indian Council of Medical Research [ICMR] in combating the rapid growth of the dreaded disease in these areas.

According to the WHO plan, it will offer Rs [Rupees] 1.5 crores to the ICMR's Imphal-based unit for combating AIDS. The money will be spent for undertaking a three-year project which include continuing "cohort studies" for constantly analysing selected HIV cases, improvement of existing clinical and laboratory facilities, encouraging use of clean needle and condoms among the drug pushers and scientific counselling on AIDS problems among the HIV patients, drug addicts and the personnel dealing with the problem. The WHO project is likely to be cleared by the Centre in the near future.

The health scenario in Manipur and Nagaland in particular is fast deteriorating following the detection of alarming number of HIV cases. The experts dealing in AIDS pointed out that there were about 20,000 intravenous drug users in Manipur and suspected that about 50 percent of them might have been infected with HIV.

At the recently held international conference on AIDS in Amsterdam, Dr. Michael Merson, the Director of WHO's global programme on AIDS, has reportedly

expressed his concern over the rapid spread of HIV cases in Manipur among other places in South Asia and underscored the emergent need for firmly dealing with the situation.

The health experts working on AIDS in Manipur suspect the existence of about 400 AIDS cases in Manipur only. Going by the present number of HIV cases, experts fear that by 1994, the total number of full blown AIDS cases will go upto 2,000. In Nagaland, there are about 5,000 drug addicts of whom about 2,500 are suspected to have been infected with HIV infection.

While, at present there are more than 100 full-blown AIDS cases in Nagaland alone, experts fear that by 1994 the total number of AIDS patients will be about 500.

Dr. Swarup Sarkar, senior research officer of ICMR unit on AIDS in the North-eastern States, said that according to a scientific survey about 20 percent of HIV cases take about five years to become full blown AIDS cases and about 50 percent such HIV patients usually take about 10 years to become AIDS patients.

According to Dr. Sarkar, in Manipur out of every eight people, one is a drug addict and of every two addicts one is infected with HIV. Another alarming feature is the latest finding of about 1 percent of pregnant women in Manipur of being HIV victims. In 40 percent cases there is every chance of the new borns becoming infected with HIV, it is said.

The HIV sero-surveillance programme was taken up by the Regional Medical College, Imphal, since July 1986, but none of the samples screened by the "ELISA" up to September 1989 was found to be positive. But since October 1989, a large number of such cases were found to be positive. In the late seventies, a major addiction in Manipur was mild tranquillizers and methaqualone. Injectable morphine and pethidine were also commonly used.

Gradually, heroin substituted other psychotropic drugs and at present it is the only form of addiction. On an average three to five addicts of the same age group and sex share the "shot" after dissolving the heroin in a container (broken spoon or containers of vicks vaporub is commonly used). The solution is then taken by an improvised syringe usually an ink dropper, which is connected with a hypodermic needle. The needles are simply cleaned and not washed. The intravenous drug users range between 12 and 45 years. The majority of them are between 15 and 35 years.

According to the Manipur Government sources, most of the HIV cases have been detected in Chaurachandpur district of Manipur. But the area being dominated by Mizos, a section of Meitei officials of the Manipur Health Department are not reportedly sincere in conducting the required tests relating to blood transfusion.

Dr. S. C. Pal, the principal investigator of the ICMR unit for research on AIDS in North-eastern States, said that a

series of steps were being taken to effectively combat the dreaded disease. Dr. Jacob K. John, a well-known professor in psychiatry would soon conduct a workshop in Imphal on the art of counselling on this problem.

Dr. Pal said that once the WHO's project was implemented the ICMR unit in Imphal would be strengthened in all senses.

### Continued Reportage on Fight Against AIDS

#### National Statistics Given

93WE0039A *Bombay THE TIMES OF INDIA*  
in English 29 Sep 92 p 10

[Text] New Delhi, 28 September: The national AIDS control organisation (NACO) officials are working out new strategies to give the much-needed impetus to its plan for prevention and control of the killer disease in the country.

The plan which broadly deals with activities like surveillance, information, education and communication (IEC), clinical management, blood and blood products safety will cover a larger arena and include participation of non-government organisations/institutions.

Even though the first cases of HIV infection (human immunodeficiency virus which causes AIDS) were detected in 1986, precious little has been achieved in the national AIDS control project since, admit officials. Lack of funds, they claim, was the major handicap. Not any more for the World Bank aid of \$85 million (Rs. 250 crores) has finally come through. The tap is now on, says the NACO project director, Mr. P.R. Dasgupta.

However, the plans were already under way, he adds. Experience has now shown that surveillance activity, which was mainly restricted to high-risk group—prostitutes, professional blood donors, intravenous drug users, STD clinic attendants, etc. did neither give a reliable picture nor the population trend.

While statistics only show 10,800 people as infected with 220 having full blown AIDS, some experts forecast that there are already about 1.5 to two million people infected others say about 400,000.

Thus surveillance activity will now cover low-risk group and have a wider data base. It is going to be community-based. Certain areas/localities, for example, will be covered under this activity. And for all you know it may just give us an entirely different picture on the prevalence rate of HIV infection there, explains the official.

Meanwhile, more than 600 of the five lakh people in the capital whose blood was tested were found HIV positive.

At a workshop on "media and AIDS," organised by the Delhi administration, its director of health services, Dr. V.P. Varshney, said though this ration was less than the national average, one could not afford to take it lightly.

The director, national AIDS control programme, said a special board has been set up to deal with the AIDS programmes. This has been done to give them quicker clearance as the government cannot afford to lose time.

At least 21 states have also initiated AIDS control programmes, he said. A policy was also being developed for the non-governmental organisations to seek their help in various programmes. These NGOs would not only be helped with funds but also with technical guidance, he said.

### Calcutta Center's Problems

93WE0039B *Calcutta THE TELEGRAPH* in English  
19 Sep 92 p 6

[Article by Sanjoy Basak]

[Text] Calcutta, 18 September: For the last 19 months, the National Medical College has been unable to conduct AIDS tests on patients suffering from the sexually transmitted diseases as well as blood donors due to the closure of its AIDS screening centre.

This has caused considerable concern as AIDS cases in Calcutta are increasing alarmingly. In the past few weeks, three more AIDS cases (seropositive) have been detected in the city, taking the total cases to 47. The deputy secretary of the health department, Mr. A. Bhattacharya, said, "Who knows as I am talking to you, a few more cases are probably being detected."

However, despite the rapid rise, the AIDS screening centre at the National Medical College, one of six such centres in Calcutta, functioned for only three months. The centre, which was opened in December 1990, closed down in March last year, following non-availability of air conditioners and refrigerators.

After repeated letters and requests to the state government, the college has recently managed to get the necessary sanction of four air conditioners. But refrigerators "remain a distant dream and the centre cannot be resumed without these basic facilities," a professor of the college's pathology department said.

When contacted, the head of the department of the college's pathology department, Dr. K.K. Chatterjee, maintained that, "Even though there were no air conditioners, we were supplied two refrigerators when the unit was set up. But those never functioned from day one."

It was learnt that the health department was set up by the screening centre in the college without installing the air conditioners. However, the doctors "somehow carried out the tests as the centre was set up during winter and the room temperature was adequate for carrying out AIDS detection," Dr. Chatterjee said.

But as "summer started approaching, it became difficult as the rise in room temperature was affecting the results" he said. "The situation became alarming, when the

experts carrying out AIDS tests at the centre started getting wrong results," he added.

For instance most of the people tested for AIDS were found to be positive during the Elisa test, but were reported negative when the samples were sent outside for confirmatory tests (Western Blot). "Finally we had to close down the centre," Dr. Chatterjee said.

### Calcutta Prostitutes Infected

93WE0039C *Bombay THE TIMES OF INDIA*  
in English 28 Sep 92 p 7

[Text] Calcutta, 27 September: The first official HIV survey carried out in Calcutta's largest red light area, known as Sonagachhi, showed that 55 of the 5,000 prostitutes staying there are probable AIDS carriers. The All-India Institute of Hygiene and Public Health, which carried out the survey for five months this year, collected 442 serum samples, five of which tested HIV positive.

This, in other words, meant one out of every 100 prostitutes at Sonagachhi is infected with the fatal disease.

The survey stumbled on the surprising fact that a majority of the prostitutes at Sonagachhi do not use any form of contraceptives to prevent pregnancy. Only 13.56 percent take oral pills and another 11.56 percent have undergone ligation. Clients of only 1.11 percent of the prostitutes use condoms. As many as 76.33 percent have a history of pregnancy and 46 percent have undergone abortion.

Among the prostitutes, 15.11 percent are from Nepal and 11.78 percent from West Bengal districts bordering Bangladesh. As large as 84.5 percent of them are illiterate. Their weekly income vary from Rs. 500 to Rs. 5,000, according to the status of the prostitutes. On an average, a prostitute attends to two to ten clients a day, the survey says.

### Problems in Fight Against AIDS Told

#### Increase in Madras

93WE0075A *Madras THE HINDU* in English  
15 Oct 92 p 3

[Article: "Many College Students Testing Positive for HIV"]

[Text] Madras, Oct. 14. There has been a noticeable increase in the number of persons testing positive for HIV (Human Immunodeficiency Virus), which causes AIDS, in the past few months in Madras.

Against just one or two cases testing positive for HIV every week a couple of months back, the AIDS Cell at the Madras Medical College now receives at least two cases a day. There have also been five full-blown AIDS cases so far at the MMC.

The AIDS Cell screens between 150 and 200 samples of blood every day and it has the facility to perform the preliminary ELISA test and the more advanced Western Blot test, which is used as a confirmatory test.

But what is causing alarm to doctors involved in the AIDS control programme in Tamil Nadu is the increasing number of college students testing positive for HIV. "This only goes to show that we should concentrate a major portion of the AIDS control programme on schools and colleges. We should take up sex education in schools in right earnest," the doctors say.

College students are said to have admitted that they would have gone in for protective measures while having sex if they had been aware of the consequences. Of late, there have also been instances of school students getting treated for sexually transmitted diseases.

**Screening blood samples:** Among those who voluntarily give their blood for screening at the MMC, there has been a rise in the HIV positive cases. In 1987, all the 11 samples tested negative for HIV; in 1990 of the 74 samples again all were negative.

However, in 1991, when health education on AIDS was started, two of the 136 samples tested positive for HIV. So far, this year, of the 153 cases screened, 14 tested positive for HIV. A majority of these cases were students and below the age of 20.

The status report of the AIDS Cell of the Directorate General of Health Services, Government of India, (for the period October 1, 1985—June 1, 1992) states that 13,433 samples of the total of 15,18,818 screened during the period were ELISA positive. Of this, 8081 were confirmed by the Western Blot test showing a sero-positivity rate of 5.32 per 1,000.

Of the sero-positive cases, heterosexually promiscuous cases formed a huge chunk with 46.13 percent of the total confirmed by the Western Blot test, followed by intravenous drug users with 18.76 percent of blood donors with 17.91 percent.

Among the States with the highest number of ELISA and Western Blot positive cases, Maharashtra tops followed by Tamil Nadu and Manipur. "The number of HIV positive cases will definitely be much higher than what has been recorded by the DGHS as the surveillance mechanism is very poor in most States," doctors here point out.

#### Statistics for Northeast

93WE0075B New Delhi PATRIOT in English  
1 Oct 92 p 1

[Article: "Manipur in N-E Tops in AIDS Cases"]

[Text] Kohima, Sept 29 (UNI)—Manipur tops the list of Northeastern States for positive HIV cases, according to a recent Union Home Ministry note.

Of the 9,797 blood samples screened in Manipur, 1,554 were HIV positive. In Nagaland, the second most affected State 78 HIV positive cases were detected, from 6,994 samples.

However, the rate of HIV positive cases in Mizoram and Assam was as low as 12 and 0.48 per thousand.

The spread of AIDS is attributed to a rapid increase in drug addiction in the region, particularly in Manipur, where 15,000 people were estimated to be drug-abusers, according to a survey conducted by the Indian Council of Medical Research in 1990.

The note circulated at a meeting of officials of the Centre and the State Governments of the region observed that factors responsible for emergence of drug abuse in Northeast included proximity of the area to the "golden triangle" of Myanmar, Thailand and Laos, considered a major drug producing region and the free movement allowed in a 40 km belt on both sides of Indo-Myanmar border.

About 2.5 lakh people comprising same or similar ethnic groups were estimated to be involved in the trans-border movement, the note added.

The note regretted that despite repeated requests, no Northeastern State, barring Nagaland, had implemented the action plan drawn up at an interministerial meeting which had outlined preventive, reformatory and punitive measures to check drug abuse.

## PAKISTAN

#### Papers Report on Fight Against AIDS

##### Lahore Seminar

92WE0698A Lahore THE NATION in English  
10 Aug 92 p 3

[Article: "HIV Cases: 'Govt Not Paying Attention'"]

[Text] Lahore—The number of "HIV positive" cases reported in Pakistan is just the 'tip of the iceberg' but the government is not realising the gravity of the problem, the country's National AIDS Manager in World Health Organisation (WHO), Dr. Kamran Masood said here on Sunday.

Dr. Masood was speaking at a seminar on AIDS organised by the Rotary Club Lahore at a local hotel. Dr. Sameen Siddiqui of Para Medical Institute, Islamabad and an Assistant Professor at the Post Graduate Institute, Quaid-i-Azam University also spoke on the occasion.

"Though there are 153 HIV positive cases reported out of only the 250,000 persons screened for the purpose, the actual number of people who are HIV positive is probably much larger," Dr. Masood said. Nothing that there had been a marked rise in the number of HIV positive

cases in Pakistan for the last few years, he said the government was still at the stage universally recognised as the "denial-stage." "This denial is the greatest hurdle in the way of AIDS control," he said.

"At next stage there would be a tremendous increase in HIV cases," he warned, emphasising that emergency measures must be taken now. He also warned that the spread of AIDS would overburden Health Services and the Budget, family disintegration and a tremendous reduction in the work force of the country as the age group that is hit hardest by the disease in Pakistan is 30-39.

Dr. Masood then listed the factors which fueled the spread of the virus in Pakistan. These were sexual promiscuity, illegal prostitution which inhibited the enforcement of AIDS checks on prostitutes, intra-venous drug abuse, blood transfusions without proper screening and the application of used blades by barbers. He, however, refuted myths that the virus can be transmitted through everyday contact such as shaking hands and sharing food.

Dr. Masood also mentioned the steps taken so far for the prevention and control of the spread of the virus, which included the setting up of a Federal Committee for the purpose, the undertaking by National Institute of AIDS Control of a programme for educating the public and setting up labs and blood banks and a short-term plan for 1988 and a mid-term plan for 1990-93.

Earlier, Dr. Sameen Siddiqui, dilated on the history and nature of the disease and explained with the help of slides, how the HIV had spread in the West and Africa.

The motto of the awareness on AIDS campaign, the two doctors said, is Don't Die of Ignorance.

### First Positive Case

92WE0698B Peshawar *THE FRONTIER POST*  
in English 13 Aug 92 p 4

[Article: "First Ever AIDS Case Detected"]

[Text] Islamabad (APP)—A-35-year-old unmarried sailor from a village in the vicinity of Rawalpindi has been described as the first ever positive case of deadly AIDS, the doctors are quoted to have confirmed.

Daily PAKISTAN OBSERVER carrying the report states that the history of the unnamed patient shows that he had been working on a foreign flag ship for over 15 years. He has returned to Rawalpindi in 1990, had has been living with his parents and sisters.

He is suffering from acute fever and persistent loss of weight, the doctors have disclosed.

According to them, besides getting private medical treatment, the AIDS patient remained admitted to the Holy

Family Hospital, where sample of his blood was taken and sent for suspected AIDS test to the National Institute of Health (NIH).

While the positive blood analysis report was yet awaited, the patient superstitiously left the hospital on July 21 last, the medical superintendent of the Holy Family Hospital reported the matter to the district health authorities, the report said.

The report said, a team of doctors comprising district health officer Rawalpindi, Dr. Fayaz Ahmed Ranjha, assistant district health officer, Dr. Fazal Mahmud and an officer of the communicable diseases control (CDC), succeeded the AIDS patient, in a nearby village, in the wake of frantic efforts.

Dr. Ranjha has taken steps to protect those who had come into contact with the patient, through counselling and blood tests, the report added.

Although, this is the first notified AIDS case in Rawalpindi district, 14 suspected AIDS patients have already been reported in the country.

Doctors are intentionally keeping the identity of the AIDS patient secret, the report said.

### AIDS Said Spreading in Islamabad

93WE0001A Lahore *NAWA-I-WAQT*  
in Urdu 14 Sept 92 p 8

[News Report: "A Number of Persons Infected With AIDS in Rawalpindi and Islamabad; Doctors, Surgeons and Barbers Used Razors With Which They Had Shaved AIDS-Infected Individuals on Other Persons [as received]" ]

[Text] Islamabad (special correspondent): According to reliable sources, numerous people living in Rawalpindi, Islamabad, and surrounding areas are infected with AIDS; employees of the National AIDS Project of the National Health Organization, with the cooperation of the World Health Organization, are trying to reach these individuals. According to the sources, in Islamabad and its surrounding areas, the National Health Organization has found some AIDS patients in the last stages of the illness through whom the disease has spread to others in the area; these latter individuals are not aware that they have been infected. It is reported that the AIDS-infected individuals did not tell their attending physicians that they were suffering from the illness; as a result, the physicians continued to employ the syringes used on their AIDS-infected patients to treat others, thus infecting them as well. Barbers who shaved AIDS-infected individuals were not aware of the illnesses of their customer and used contaminated razors on their other customers.

**Rapid Spread of AIDS Forecast in Urban Areas**

93WE0014A Lahore *THE NATION* in English  
15 Sep 92 p 2

[Text] Lahore—A doorway to South and South-East Asia, Pakistan is a high-risk area for the spread of killer Acquired Immune Deficiency Syndrome (AIDS). Still an urban and suburban phenomenon, the AIDS victims are found in almost every City of Pakistan.

This was disclosed by National AIDS Programme Pakistan Manager Dr. Kamran Masood while addressing a one-day seminar on AIDS and the role of mass media, public representatives and ulema, held here on Monday.

Pir Kabir Ali Shah of Choora Sharif presided over the seminar while Provincial Health Minister Ch Jaffer Iqbal addressed it as the chief guest. Provincial Parliamentary Secretary Mian Abdus Sattar, the PML [Pakistan Muslim League] Punjab Joint Secretary S M Bashir and Dr. Jamil Tahir also spoke on the occasion.

Dr. Kamran Masood said by the year 2000, the AIDS victims number might touch 15 million figure. He said that much [higher] number of the virus victims might still be there, but unreported. Most of them might not be the AIDS carriers but the victim of Human Immunodeficiency Virus (HIV), an early stage of the killer disease. The research has proved that any one who was found positive for the HIV, could never escape AIDS, he added.

He informed that AIDS victims number was highest, 6.5 million, in South and South East Asia. In Muslim countries, there are a large number of AIDS victims, but not reported by the respective governments, he added.

He maintained that first AIDS case in Pakistan came into fore in 1987, after the examination of blood specimen of about 250,000 people—35 such victims have been detected so far. Most of these AIDS carriers were those who returned from the Gulf countries.

He said the prostitution in Thailand and India was legalized and a routine medical checkups of the women in the business revealed that about 72 percent of them were found positive for AIDS.

He said though termed by some Muslim countries as a western disease, a result of massive illicit and open sexual contact, the virus was fast becoming a problem in the Muslim countries. With the increasing awareness more and more people were approaching AIDS detection centers to get themselves tested for the virus. As the number of the victims is growing, more cases would come to surface with the passage of time, he added.

He said that about 50 percent of the total cases detected in Pakistan were from the younger generation, 32 to 39 years of age, while 16 of them were Pakistanis and others were foreigners. He said though the problem was still urban and suburban in Pakistan, with the return of

Pakistani immigrants, belonging to the rural areas from the Gulf and other countries, the AIDS might be found anywhere in the country.

Relating to the steps taken by the Pakistani Government, Dr. Kamran said after the detection of the first AIDS victim, who flew in from Tanzania, so far 25 AIDS detection centers had been established in the country. All the Ministries, including Health, Interior, Religious Affairs, having a connection with the immigrants, are coordinating to deal with the detection.

The Government has also declared the AIDS as a notifiable disease. Any one who comes from abroad to live for more than a year should be scanned in a Detection Center, he added.

He told the participants that the National AIDS Programme Pakistan is being supported by the World Health Organization. Under the programme, so far, the Government had arranged seminars targeted at various sections of the society and to create awareness about the disease. However, due to lack of resources, the efforts could not make desirable effects, he added.

He maintained that knowing the importance of ulema, public representatives and mass media, the national AIDS Programme would carry out its operation in their collaboration.

He said religious leaders were so far very helpful and cooperating and were in favor of mass media's participation to create an awareness about the AIDS.

He stressed the need for a cooperation between the Programme and mass media for the purpose.

Speaking on the occasion, Pir Kabir Ali Shah of Choora Sharif highlighted various Islamic injunctions against the illicit sexual relationship, the biggest cause of the AIDS spread. He was of the view that the disease would never spread in Pakistan if the people remained committed to Islamic injunctions and values.

Addressing the seminar, Provincial Health Minister Ch Jaffer Iqbal said about 12 years back, the disease was not known to the world. However, in a short span of time it engulfed the entire globe with its devastating effects.

So far no cure or preventive vaccine for the disease has been discovered, he added.

He said with so much of travelling facilities, the world had turned into a global village and the disease which devastated large population in Africa, was fast spreading around the world. However, he maintained that due to people's adherence to Islamic principles, the AIDS spread in Pakistan was limited.

He was of the view that by creating more awareness about the virus through mass media, religious leaders and public representatives, the Government would succeed in preventing the AIDS spread.

**Short Report on AIDS Research in 1990 Under the State Scientific-Technical Program 'Control of the Most Widespread Diseases'**

93WE0015A Moscow VOPROSY VIRUSOLOGII  
in Russian No 3, May-Jun 91 pp 262-264

[Report by the Expert Council on Scientific Problems of AIDS under the Presidium of the USSR Academy of Medical Sciences]

[Text] Research on the AIDS problem in 1990 within the framework of the State Scientific-Technical Program "Control of the Most Widespread Diseases" (Direction 6) was conducted in 61 of the country's institutions in 201 topics. Research on nine topics was to be concluded. Reports were submitted on 196 topics.

All of the submitted reports were subjected to expert evaluation, during which not only the research results but also the correspondence of the research results to the previously proposed plan and completion deadlines was assessed.

As a rule, assignments were completed in accordance with calendar plans.

The following results were obtained as a result of the research.

**1. Improvement of Existing and Development of a New Generation of Diagnostic Resources and Methods**

The previously developed diagnostic test system based on recombinant HIV proteins ("Recombinant-HIV") was modernized by the addition of supplementary antigens, making it possible to identify antibodies not only to HIV-1 but also to HIV-2. Production of the "Recombinant-HIV" test system on a large scale was organized at five of the country's industrial enterprises (Scientific Research Institute of Viral Preparations, AMN SSSR [USSR Academy of Medical Sciences]).

The first experimental lots of IFA have been produced for the "Peptoscreen-Rekkit" [transliteration] test system, based on recombinant proteins and capable of identifying antibodies to HIV-1 and HIV-2 (Institute of Bioorganic Chemistry imeni M. M. Shemyakin, AN SSSR [USSR Academy of Sciences]; Biotehnologiya Scientific-Production Association, USSR Ministry of Medical Industry).

The "Peptoscreen-2" diagnostic test system, based on synthetic peptides, was improved by introducing new peptides, and is now in production (Immunology Institute and Central Scientific Research Institute of Epidemiology, USSR Ministry of Health; Experimental Cardiology Institute of the VKNTs [All-Union Cardiological Scientific Center], AMN SSSR; Bioorganic Chemistry Institute imeni M. M. Shemyakin, AN SSSR).

Work was done to improve the "Antigen" diagnostic test system, based on a natural viral lysate (Virology Institute imeni D. I. Ivanovskiy and Scientific Research Institute

of Viral Preparations, AMN SSSR; Vektor Scientific-Production Association, USSR Ministry of Medical Industry).

The first laboratory samples of hemagglutination and latex tests based on the natural virus and recombinant proteins were prepared (Scientific Research Institute of Viral Preparation, AMN SSSR; Vektor Scientific-Production Association, USSR Ministry of Medical Industry).

Scientific and technical documents related to production of the "Immunoblot" confirming test system were prepared and submitted to the GISK [not further identified] imeni L. A. Tarasevich of the USSR Ministry of Health, which will make it possible to begin industrial production of the preparation in 1991 (Virology Institute imeni D. I. Ivanovskiy and Scientific Research Institute of Viral Preparations, AMN SSSR).

Scientific and technical documents for the production of three diagnostic test systems have been prepared: a test system based on the indirect variant of immunoenzymatic analysis (All-Union Scientific Research Institute of Especially Pure Biological Preparations, USSR Ministry of Medical Industry), and the immunoenzymatic test systems "Farmprigor" (Virology Institute imeni D. I. Ivanovskiy, AMN SSSR; All-Union Research Institute of Especially Pure Biological Preparations, USSR Ministry of Medical Industry) and "Mikrogen" (Virology Institute imeni D. I. Ivanovskiy, AMN SSSR; Scientific Center for the Development and Introduction of Modern Methods of Molecular Diagnosis, USSR Ministry of Health).

Several series of cellular hybridomas producing monoclonal antibodies to different antigenic determinants of proteins of the virion capsid (gp120 and gp41) and nucleoid (p24, p15) were obtained (Scientific Research Institute of Viral Preparations and Virology Institute imeni D. I. Ivanovskiy, AMN SSSR; Vektor Scientific-Production Association, USSR Ministry of Medical Industry; Moscow NIIEM [Scientific Research Institute of Experimental Medicine] imeni G. N. Gabrichevskiy, RSFSR Ministry of Health). Research aimed at obtaining monoclonal antibodies to virus-specific enzymes providing for replication of a virus's genetic material was continued (Virology Institute imeni D. I. Ivanovskiy, AMN SSSR; Institute of Biochemistry and Physiology of Microorganisms, AN SSSR).

An immunoprecipitation test to reveal early and weak seroconversion in the presence of HIV infection was developed (Virology Institute imeni D. I. Ivanovskiy, and Scientific Research Institute of Viral Preparations, AMN SSSR). The method is a test used in laboratory confirmation of cases of difficult diagnosis of HIV infection; it was used to interpret and confirm the diagnosis of HIV infection in children in Elista, Volgograd and Rostov-on-Don (Central Scientific Research Institute of Epidemiology, USSR Ministry of Health).

## 2. Development of AIDS Prevention Resources

Research on the behavioral, psychopathological and immunological features of drug addicts was continued: An epidemiological questionnaire containing a number of questions regarding the nature of use of narcotics, the sex life of drug addicts and other risk factors was developed; a booklet on safe use of drugs and safe sex was also written; a large number of samples of blood sera from registered drug addicts were examined; 50 drug addicts using drugs intravenously were surveyed; the immune status of 30 patients was analyzed. Several features characteristic of drug addicts in our country were revealed (Scientific Research Institute of Epidemiology, USSR Ministry of Health; Moscow Scientific Research Institute of Psychiatry, RSFSR Ministry of Health).

The general principles of organizing publicity on AIDS prevention within the USSR population and programs oriented on particular regions (Central Asian, Baltic, Leningrad etc.) and on particular population groups (blood donors, drug addicts, persons at heightened risk) were developed and introduced; various booklets, leaflets and the special newspaper SPID-INFO (with a circulation of over 10 million) directed at preventing HIV infection were prepared and published (Central Scientific Research Institute of Epidemiology and the All-Union Hematological Scientific Center, USSR Ministry of Health; Leningrad NIIEM imeni Pasteur, RSFSR Ministry of Health; Kirghiz Scientific Research Institute of Ecology and Prevention of Infectious Diseases, Kirghiz SSR Ministry of Health; Kaunas Medical Academy, Association for AIDS Control).

Research is being conducted with the purpose of developing approaches to creating synthetic vaccines (Immunology Institute, USSR Ministry of Health; Bioorganic Chemistry Institute imeni M. M. Shemyakin, AN SSSR; All-Union Scientific Research Institute of Especially Pure Biological Preparations and Immunology Institute, USSR Ministry of Medical Industry).

Recombinant strains of vaccine virus expressing proteins of the capsid and nucleoid of the HIV virion were obtained; formation of particles in cell cultures infected with this virus that were HIV-like but devoid of their own genetic material, in distinction from a complete HIV virus, was demonstrated (Virology Institute imeni D. I. Ivanovskiy, AMN SSSR; All-Union Scientific Research Institute of Especially Pure Biological Preparations, USSR Ministry of Medical Industry).

A number of recombinant plasmids effectively expressing the genes of HIV proteins responsible for production of protective antibodies were obtained; methods of effectively purifying such proteins, which are capable of becoming components of a future vaccine, and the methods of assessing their immunogenicity are presently being developed (Scientific Research Institute of Viral Preparation and Virology Institute imeni D. I. Ivanovskiy, AMN SSSR; All-Union Scientific Research

Institute of Especially Pure Biological Preparations and Vektor Scientific-Production Association, USSR Ministry of Medical Industry; Institute of Biochemistry and Physiology of Microorganisms, AN SSSR).

A procedure for obtaining preparative quantities of synthetic peptides corresponding to the "actual" antigenic determinants of HIV proteins gag, env, pol and nef was developed (Bioorganic Chemistry Institute imeni M. M. Shemyakin, AN SSSR; Immunology Institute, USSR Ministry of Health; All-Union Scientific Research Institute of Especially Pure Biological Preparations and Immunology Institute, USSR Ministry of Medical Industry).

## 3. Development of AIDS Treatment Resources and Methods

Acquisition of azidothymidine, which underwent comprehensive stage-by-stage study and was introduced for treatment of HIV infection, was proposed; its laboratory synthesis on a large scale was established; azidothymidine capsules were prepared (Molecular Biology Institute imeni V. A. Engelhardt and Bioorganic Chemistry Institute imeni M. M. Shemyakin, AN SSSR; Institute of Experimental Cardiology of the VKNTs and Virology Institute imeni D. I. Ivanovskiy, AMN SSSR; Central Scientific Research Institute of Epidemiology, USSR Ministry of Health).

An experimental industrial procedure for complete synthesis of azidothymidine ("glucose") consisting of two stages was developed and introduced: I—acquisition of thymidine out of glucose and thymine, and II—acquisition of azidothymidine and thymidine, making it possible to increase azidothymidine production by several times, significantly reduce the cost of its production, and eliminate the use of expensive imported thymidine (Molecular Biology Institute imeni V. A. Engelhardt and Bioorganic Chemistry Institute imeni M. M. Shemyakin, AN SSSR; Vitamin Scientific-Production Association, USSR Ministry of Medical Industry; Samarskiy University).

A cycle of studies was conducted with the purpose of obtaining new preparations acting as inhibitors of HIV reverse transcriptase. Effective anti-HIV preparations were revealed among analogues of nucleoside-triphosphates-diphosphates-phosphonates. The research results are protected by an author's certificate and a patent, and they were reproduced abroad (Molecular Biology Institute imeni V. A. Engelhardt, AN SSSR; Virology Institute imeni D. I. Ivanovskiy and Experimental Cardiology Institute, VKNTs, AMN SSSR).

A number of biological and chemical preparations acting as potential HIV inhibitors were synthesized and tested: The activity of nucleoside analogues acting as preinhibitors of reverse transcriptase of HIV with a high anti-HIV action was studied; the action of acyclic nucleosides, protease inhibitors, interferon formation inducers and of the combination of azidothymidine and interferon inducer were investigated (with a positive result).

Phosphorus-containing analogues of azidonucleosides and the combination of nucleosides and interferon and its inducers may show promise in the future (Molecular Biology Institute imeni V. A. Engelhardt, AN SSSR; Virology Institute imeni D. I. Ivanovskiy, NIIEM imeni N. F. Gamaley, AMN SSSR; Belorussian NIIEM, BSSR Ministry of Health).

Research was conducted with the purpose of finding AIDS treating preparations among antibiotics and plant substances (Institute for Exploration of New Antibiotics, AMN SSSR; All-Union Scientific Research Institute of Medicinal Plants, USSR Ministry of Medical Industry). Some carminomycin producers and a substance of plant origin—alpizarin—were found to have pronounced anti-HIV activity in cell culture.

#### 4. Epidemiological Analysis

A previously developed automated system employing computerized data recording used to survey the country's population for HIV antibodies was introduced and is now operating; more than 80 million persons were surveyed (Central Scientific Research Institute of Epidemiology, USSR Ministry of Health).

Software and procedures for introducing an automated system of serological examination and epidemiological control of the rate of HIV infection among blood donors was created (All-Union Hematological Scientific Center, USSR Ministry of Health).

Research was conducted with the purpose of evaluating the role of different epidemic control measures in HIV infection: The effectiveness of combining epidemiological surveillance based on mass examination of the USSR population for HIV antibodies with epidemiological investigation of individual cases of HIV infection was demonstrated using localized foci of HIV as an example (Elista, Volgograd, Rostov-on-Don) (Central Scientific Research Institute of Epidemiology, USSR Ministry of Health).

An effective organizational structure for serological examination of blood donors and plasma for HIV infection was introduced together with a system for verifying and referencing results and control analyses of standard samples by the blind method.

The mechanism behind the potential danger of infection of plasma donors was revealed, and recommendations on its prevention were drawn up; the causes of falsely positive reactions in the blood service were evaluated (All-Union Hematological Scientific Center, USSR Ministry of Health).

#### 5. Study of the Pathogenesis and Features of the Clinical Course of AIDS

A clinical classification of HIV infection making it possible to use a unified approach to establishing groups of patients suffering HIV infection for clinical testing of medicinal preparations in different institutions was

developed (Central Scientific Research Institute of Epidemiology, USSR Ministry of Health).

Clinical tests were conducted on a domestic azidothymidine preparation. The preparation was used to treat 46 patients in different stages of disease: in late stages of illness—on the basis of vital indications, and at the beginning of the stage of secondary diseases—to improve the long-term prognosis of the course of illness. Preliminary test results indicate that the preparation's toxicity is rather low, and it is clinically effective.

Tests were continued on a domestic preparation of normal human immunoglobulin as a component of integrated therapy of secondary diseases accompanying HIV infection; a pronounced positive impact was revealed (Central Scientific Research Institute of Epidemiology, USSR Ministry of Health).

Research was conducted on the auto-immune component of HIV infection, on idiotype - anti-idiotype interactions, on T-cell subpopulations and on the role of complement (NIIEM imeni N. F. Gamaley, Scientific Research Institute of Viral Preparation, Carcinogenesis Institute of the VONTs [All-Union Oncological Scientific Center], AMN SSSR; Moscow NIIEM imeni G. N. Gabrichevskiy, RSFSR Ministry of Health; All-Union Scientific Research Institute of Especially Pure Biological Preparations, USSR Ministry of Medical Industry).

It was shown that antibodies directed at conservative class II MNS [not further identified] and synthetic HIV peptides are determined in the sera of 70 percent of HIV carriers; acquisition of anti-idiotypic antibodies, which block the activity of antibodies eliciting immunodeficiency, is proposed (Carcinogenesis Institute, VONTs, AMN SSSR).

Antilymphocytic autoantibodies that disturb antigen presentation, activate suppressor cells and suppress production of interleukin-2 were discovered in the sera of HIV carriers and leukosis patients. Efforts to obtain panels of monoclonal antibodies against lymphocyte autoantigens are presently under way (Central Scientific Research Institute of Epidemiology, USSR Ministry of Health).

Anti-idiotypic antibodies against monoclonal antibodies to the domain of the CD4-receptor were obtained. It was shown that the obtained antibodies blocked interaction of the CD4-receptor with anti-CD4-antibodies; blocking the binding of HIV with the CD4-receptor with their assistance is proposed (NIIEM imeni N. F. Gamaley, AMN SSSR).

Research was conducted on the epitopes of class I and II MNS molecules recognized by T-cell subpopulations; it was shown that the precursors of cytotoxic T-cells and effector cytotoxic lymphocytes recognize different epitopes of class I MNS molecules, while T-suppressors interact with the short (five amino acids) determinant of the class II MNS (Institute of Carcinogenesis, VONTs, AMN SSSR).

It was demonstrated that the complement system of HIV carriers undergoes activation by the classical and an alternative pathway, with activation by the alternative pathway being less pronounced (Moscow NIIEM imeni G. N. Gabrichevskiy, RSFSR Ministry of Health).

#### **6. Isolation and Study of the Biological Properties of Different HIV Strains; Study of the Molecular Mechanisms of HIV Interaction With the Cell**

Efforts were carried out to improve the methods of isolating HIV. This included: organizing the means of preserving blood preparations during transportation; utilizing different types of combined growth of peripheral blood lymphocytes with normal donor lymphocytes and with subinoculated cell cultures; using a broad arsenal of different methods and techniques (dot-hybridization, the polymerase chain reaction, electron microscope analysis employing antibodies labeled with colloidal gold, creation of domestic quantitative tests for determining HIV antigens in cell cultures, cellular immunofluorescent analysis).

Over 50 HIV isolates were isolated from Soviet and foreign citizens in different regions of the country. More than 30 of these strains were fixed in subinoculated cell lines of lymphoblastoidal origin (Virology Institute and Scientific Research Institute of Viral Preparations, AMN SSSR; Leningrad NIIEM imeni Pasteur, RSFSR Ministry of Health; Belorussian NIIEM, BSSR Ministry of Health; Vektor Scientific-Production Association, USSR Ministry of Medical Industry; Central Scientific Research Institute of Epidemiology, USSR Ministry of Health).

Research was conducted on the biological and physico-chemical properties of the isolates. A large fraction of the isolates were placed in the category of slowly multiplying viruses on the basis of an analysis of their lengthy growth in cell cultures and an assessment of production level using immunofluorescent analysis, immunoblot, OT-activity, indirect immunofluorescence, dot-hybridization, electron microscopy and other tests. Of the isolates, the five most productive were selected as candidates for production lines (Virology Institute imeni D. I. Ivanovskiy, Scientific Research Institute of Viral Preparations, AMN SSSR; Belorussian NIIEM, BSSR Ministry of Health; Vektor Scientific-Production Association, USSR Ministry of Medical Industry).

The ultrastructure of HIV-1 virions and the stages of their formation were studied; priority data on the morphogenesis and patterns of synthesis of virus-specific components in HIV-infected cells were obtained (Virology Institute imeni D. I. Ivanovskiy, Institute of Viral Preparations, NIIEM imeni N. F. Gamaleya, AMN SSSR; Vektor Scientific-Production Association, USSR Ministry of Medical Industry).

Research conducted on growth of HIV viruses provided a possibility for obtaining recombinant DNA carrying HIV genetic material with the purpose of subsequently analyzing the structure of HIV genomes and obtaining recombinant HIV proteins in preparative quantities (Virology Institute imeni D. I. Ivanovskiy, Scientific Research Institute of Viral Preparations, AMN SSSR; Vektor Scientific-Production Association; All-Union Scientific Research Institute of Especially Pure Biological Preparations, USSR Ministry of Medical Industry).

Viral isolates obtained from Soviet and foreign citizens in different regions of the country made it possible to lay the foundation for establishing a Soviet collection of HIV strains.

The virus SIV<sub>azm</sub> was isolated from monkeys (African green marmosets); study of it has begun (Institute of Experimental Pathology and Therapy, AMN SSSR).

Summarizing the results of work done under the "Control of the Most Widespread Diseases" state program in relation to the AIDS problem, it should be noted that the insignificance of the financing allotted to the problem is holding back timely research of the needed volume.

It should also be noted that in the course of an enormous amount of meticulous work carried out by a commission of experts of the Expert Council on Scientific Problems of AIDS under the Presidium of the USSR Academy of Medical Sciences to review the reports, not only were research results on 196 topics obtained in 1990 evaluated, but also recommendations on continuing the research and its financing were proposed. Expert analysis of the submitted reports casts doubt upon the promise and the need for further development and financing of certain developments.

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#### **CIS and Baltic AIDS Conference**

*92WE0587H Moscow NEZAVISIMAYA GAZETA  
in Russian 17 Jun 92 p 6*

[Article: "AIDS Problem Discussed in CIS"]

[Text] A conference of the health departments of CIS and Baltic countries on the problems of the spread of AIDS was held in Minsk. The directors of national anti-AIDS organizations agreed to exchange information and mutual assistance in the search for sources of infection. The meeting was attended by representatives of the World Health Organization. It was suggested at the conference that national Belarusian anti-AIDS programs in the direction of prevention and public information. Among republics of the former USSR, Belarus now occupies third place in the number of persons infected with the AIDS virus.

**Health Official Claims Spread of AIDS Checked**

*PM0110100992 Moscow ROSSIYSKIYE VESTI  
in Russian 29 Sep 92 p 3*

[Unattributed report from ITAR-TASS, RIA, IMA-PRESS "News" column: "Anti-AIDS Repressions?"]

[Text] Moscow—A total of 578 people and 270 children have now been infected with the AIDS virus in the country. Some 55 people have already died and in 30 cases the disease is in a life-threatening form. This was announced by Vadim Pokrovskiy, leader of Russia's scientific and method center for the prevention and fight against AIDS and head of the State Committee for Sanitary and Epidemiological Control Central Epidemiology Research Institute AIDS epidemiology and prevention laboratory. The forecasts of some scientists that by 1992 there would be tens of thousands of AIDS sufferers in Russia have not been realized. According to Pokrovskiy, it has been possible to ward off the first AIDS wave with such measures as blanket checks on all foreigners entering the country and on Soviet citizens returning from abroad and compulsory AIDS screening (in 1991 alone 25 million people were screened in Russia). Owing to supervision of medical establishments in Russia there have been no cases of infection in hospital conditions for more than 2.5 years now.

However, human rights supporters in Russia are pressing for an end to the "repressive" approach toward

control and for it to be replaced by the democratic approach adopted in Western Europe. If that happens, Pokrovskiy thinks, doctors will no longer be in control of the situation and the country will fall prey to a mass outbreak of the disease.

**Two AIDS Patients, 14 HIV-Carriers Registered in Country**

*OW1710185692 Moscow BALTFAX in English  
1631 GMT 17 Oct 92*

[Following item transmitted via KYODO]

[Text] The head of the Latvian AIDS center Juris Zalcmanis says two AIDS patients and 14 HIV-carriers have been registered in the republic. Briefing newsmen on the spread of AIDS in Latvia, Juris Zalcmanis said the carriers were males in the 29 to 60 age bracket.

**AIDS Cases in Gomel Oblast**

*PM2110145792 Moscow KOMSOMOLSKAYA  
PRAVDA in Russian 20 Oct 92 p 2*

[IMA-PRESS report: "AIDS"]

[Text] According to an IMA-PRESS report 10 people infected with the AIDS virus have been registered in Gomel Oblast. One of them has already died.

## DENMARK

### High Proportion of Youths Tested for HIV

92WE0703A Copenhagen BERLINGSKE AFTEN  
in Danish 25 Sep-1 Oct 92 p 12

[Article by Marianne Juhl: "Beginners' Sex and Fear of AIDS"]

[Text] *AIDS. Young people are so afraid of the deadly disease that they are having themselves tested in large numbers.*

More than 90,000 Danes go to the doctor each year to get the HIV test. Among them are many young people between the ages of 16 and 25. They have fairly ordinary heterosexual relationships with boyfriends and girlfriends in their age group and today the incidence of AIDS in this group is just about zero. Why, then, do they have themselves tested?

It is because they are afraid, doctors believe; because they do not know what to think about their partners; because the requirement to use a condom every time cannot be fulfilled. That is easy to say but hard to comply with when you are a bit drunk and very much in love, not to mention being both things at once. And then, is it as important as they say? What should you do when have a steady boyfriend and also use birth control pills? Should you stay with the unamusing condom? Can you really tie up an entire generation's sex life with belts and straps forever? There are far too many unanswered questions for this group, which following the trend for the age group, has many changing steady friendships. The high number of tests reflects doubt and anxiety.

At the same time, the enthusiasm for the test shows that young people are not sticking with safe sex with a condom. If they used one, they certainly would have no reason to reassure themselves and their partners by being tested for HIV. Safe sex with a condom means that the condom must be used at all times, from preliminary foreplay to final intercourse. Young men complain of decreased sensitivity. Girls complain about the taste of rubber.

They also "forget" the condom now and then. Then comes the anxiety and the desire to be tested. Doctors can see that young people "forget" the condom because there are many cases of other forms of sexually transmitted infections: anal warts and chlamydia.

The young people still get a negative response to their HIV test. If it were positive, it was also too early, besides, what use is it anyway? After a test, if they continue with what is called sexually risky behavior, they will have to reassure themselves with new tests, etc. It slightly resembles the way of getting out of a night when you "forget" called an abortion, except that no one can get rid of HIV. Besides, several months pass between the time of infection and the time of a positive HIV test. Most frequently

six to 12 weeks, sometimes, but seldom up to half a year. So that makes for a longer period during which you still know nothing whatever about yourself and your partner.

Testing is not the solution, doctors say. They would prefer to have the many tests replaced by rational behavior. A committee of general practitioners and representatives of the National Board of Health have compiled an updated brochure, which will be directed at both the general population through the media and at general practitioners. Now they will be able to find the answers to all these sensitive questions. The old message that all young people should use condoms in every situation is not good enough. For the simple reason that they will not comply with it. It only creates fear of AIDS—which all the testing shows—but it does not get young people to alter their behavior. What they need to be taught now is to distinguish between what is stupid behavior and what is rational. It is completely stupid to go to bed with an unknown partner and not use a condom.

But when is a partner known, and what about his unknown past?

This is the sort of question doctors encounter in their practice and on which they will give individual counseling in the future. Young couples come hand in hand to a doctor's office to be tested for HIV. They have known one another for a while. She protects herself against unwanted pregnancy by taking birth control pills and now they would prefer to throw away the condom. Do they dare? The response depends on their prior sexual behavior and on how permanent they see their relationship as being. That is the sort of question that a talk with the doctor should clear up.

One of the advisory committee's members is Henrik Haxholdt, a general practitioner in the Norrebro neighborhood. He told WEEKENDAVISEN:

"It does not help to tell young people: If you don't use a condom, you'll get AIDS. It's not correct, and wrong messages don't work. Nor must we destroy an entire generation's sex life. You shouldn't use a condom because you're scared, but because of a lot of other good reasons, for example, because it protects against other types of infection."

"When we treat them for another sexual infection or when they come to get tested for HIV, they're well motivated for a behavioral change. So we have to talk with them about their previous behavior and get them to get their act together in the future and behave rationally. AIDS is like traffic. If you teach your children how to move in traffic, the risk of their being run over decreases. You don't solve the problem by locking it up."

"We also have to talk openly with them about using a condom. Not just how to put it on and other technical fine points, but also why they're tired of using it and how they can feel more comfortable with it."

But is there time for this?

"There's no time for an hour-long talk," Haxholdt admitted, "but that's also why the committee has now compiled a brochure about some conversational techniques doctors can use so the counseling can be kept within what is possible in terms of time."

## FINLAND

### Tuberculosis Resurgence, AIDS Link Discussed

92WE0694A Helsinki HELSINGIN SANOMAT  
in Finnish 2 Sep 92 p C 5

[Article by Janne Ora: "Finns Successful in Preventing Tuberculosis"]

[Text] The number of diagnosed cases of tuberculosis have decreased by more than 60 percent since the beginning of the 1980's.

During the last decade, the decrease in tuberculosis cases has been more significant in Finland than in any other European country.

"The trend in Finland is clearly decreasing, and the number of new cases annually could possibly drop to 300 by the year 2000," noted Prof. Eero Tala.

During the years 1980-89, the average number of new tuberculosis cases was more than 2,000 each year. In 1990, 772 new cases of tuberculosis were registered, while the figure last year was 771.

As recently as 1987, 1,440 new cases were diagnosed in Finland, more than in all the other Nordic countries combined. This year there have been fewer than 300 confirmed cases in Finland. According to Tala, there are very few cases of tuberculosis among young people in Finland. "As far as the younger generation is concerned, we have reached the same level as Sweden. Our total is still higher, however, because people belonging to older age groups still experience fairly high morbidity," he added.

Tala is a leading expert on tuberculosis in Finland. He works at the Clinic for Pulmonary Disease at Turku University Hospital in Paimio and also acts as an expert for WHO, the World Health Organization.

### Eradication Next

There are many reasons for the drop in reported cases of tuberculosis, but one is especially important:

"Our protracted and relentless struggle against tuberculosis is little by little bearing fruit," Tala stated. He emphasizes that the next goal is the complete eradication of the disease from Finland.

Statistically, Finland is near the European average. Last year there were 15.5 new cases of tuberculosis per 100,000 people in Finland. The other Nordic countries

have fewer incidents than anywhere in the world; the number of cases per 100,000 people were fewer than 10 in each country.

According to statistics released by WHO, the number of tuberculosis cases in Sweden decreased in 1990 by more than 20 percent compared to the average in the 1980's. In Norway and Denmark, new cases decreased by about 5 percent. In Iceland, there are fewer than 20 annual occurrences of tuberculosis among the total population.

### AIDS Patients More Susceptible

Tuberculosis is again becoming more common in many European welfare states. During the last few years, the number of tuberculosis cases have increased in Switzerland, Italy, Ireland, and Austria. In Switzerland the increase has been as high as one-third between 1986 and 1990.

There are two main reasons for the resurgence of tuberculosis: AIDS and HIV infections, and mass migration.

As AIDS spreads, so does tuberculosis because of the lowered resistance of people suffering from AIDS. According to the more pessimistic estimates by WHO, in Asia alone, more than a million AIDS patients suffer from tuberculosis.

A new tuberculosis strain, which is resistant to drugs, has evolved in the United States. It is most prevalent among the disadvantaged, drug users, alcoholics, and homeless people. Tala, however, does not consider it very probable that this strain will reach Finland.

In his estimate, fewer than 1 percent of the tuberculosis strains in Finland have developed resistance to drugs. In some countries up to 30-40 percent of tuberculosis cases are caused by drug resistant strains.

On the other hand, the avium intracellulare bacteria, which causes the so-called fowl tuberculosis, has been found in AIDS patients to some extent.

### Main Population Not Threatened

Of all tuberculosis cases in the world, 95 percent occur in developing countries. Migratory movement has caused tuberculosis to become more prevalent in the West.

According to Professor Tala, tuberculosis possibly carried by refugees and immigrants is still not a problem as long as we are cognizant of the danger. "Considering modern drugs and our current resources, tuberculosis is quite treatable today. The disease does not constitute a threat to the population at large," he assured.

"During the 1930's, tuberculosis was so common in Finland that every hour a sufferer died from it. The majority of the population contracted the disease. Tuberculosis is a strange disease, in that one can become ill immediately, in a few weeks, in a year, or even 80

years later. Older and sick people have lower resistance, and an old contagion can flare into full-fledged tuberculosis," noted Tala.

#### Modern Medicine Cures Tuberculosis

According to Professor Tala, however, people born in the 1930's and later need not worry. Only a few people infected with the tubercle bacillus actually fall ill. "The rule of thumb I teach my students is: About 10 percent of people who are exposed to tuberculosis actually develop the disease," he said.

"Among younger generations, almost no one has become contagious, and everybody has been vaccinated," he added.

Tuberculosis does not constitute a problem for modern medical science, but treatment takes a long time. A few weeks in a hospital and half a year on antibiotics is almost always enough to cure the patient.

#### Voluntarism in AIDS Policy Under Attack

##### Carrier Arrested After Infecting

93WE0046A Helsinki HELSINGIN SANOMAT  
in Finnish 22 Sep 92 p 9

[Unattributed article: "African Man Suspected of Two New Rapes Involving HIV; Five Cases Have Already Come to Light Within a Year"]

[Text] Ugandan John Karara, diagnosed as HIV-positive, is suspected in two new rapes. Arrested for one rape in September, this man had been convicted for one case before and is being tried for one rape in Helsinki Municipal Court, so there are all told five cases.

Two of the three cases being investigated took place this summer. The third case that has come to light took place last year. All of them occurred in Helsinki.

According to the new victims' reports, the cases are similar to the earlier ones: The victims had left a restaurant to go somewhere else when the rape occurred.

##### Earlier Probation Sentence

Karara was arrested a week ago, suspected of having committed rape a few days before. The crime was specified as attempted homicide since Karara is HIV-positive. The police are also investigating the new cases as attempted homicide.

The 29-year-old Karara was given a short prison sentence with probation for the rape that occurred in December of last year.

With reference to the case in March, Karara was charged with attempted homicide. The ongoing trial is being conducted behind closed doors.

The man is charged with attempted homicide because it was already suspected at the time of the March incident

that he knew that he was HIV-positive. In connection with that, the man himself denied that he knew he was infected.

Because he was suspected of rape in March, Karara was a prisoner on remand until May, when the court released him.

The two cases of suspicion of rape occurred after that.

The African man has been in Finland for a year and a half. At his hearings the man said that he has had 10 partners with whom he had unprotected sexual contact.

##### Testing, Disclosure Rules Debated

93WE0046B Helsinki HELSINGIN SANOMAT  
in Finnish 27 Sep 92 pp C1-2

[Article by Anna-Stina Nykanen: "AIDS: HIV Is Virus That Leads to AIDS; Who Is Responsible for Spreading Fatal Disease?"]

[Text] *Finns' only weapon against people who infect others with HIV is the doctor's ability to talk some sense into them. When an HIV-positive African man was recently arrested on suspicion of having raped five women, it had to be admitted that talking sense into him was not enough. Society has to have something other for AIDS than foreknowledge and preventive care.*

The law stipulates that an HIV infection must be reported as an infectious disease. If it were classified as an infectious disease representing a danger to the public, anyone suspected of spreading it could be forced to undergo testing or even be isolated for several months.

At present no one can be forced to take a test for HIV. According to criminal law, however, a person who infects anyone else with the disease can be punished if he is aware of his infection or if he has deliberately avoided going in for a test. Infecting someone with the disease may also be punishable when the carrier is not aware that he is HIV-positive.

A doctor cannot, however, irresponsibly interfere in an infected person's affairs: Professional secrecy prevents him from even telling the infected person's spouse that he or she is HIV-positive.

Last spring, when a group of parliamentary representatives asked the government in writing what steps it plans to take to classify HIV as a public danger, the reply was: none whatsoever. It did not view compulsory measures as being suited to the basic Finnish strategy for combating HIV, the mainstays of which are education, voluntariness, and a positive attitude toward those infected with the disease. The government feels that compulsory measures would constitute more of a threat to the success of the strategy that has been chosen.

An intensive search for people infected with HIV is not considered necessary either because anyone can voluntarily prevent infection by practicing protected sex. By

the same principle, a polio epidemic would be combatted without sugar cubes—by relying on everyone's washing his hands when he goes to the toilet.

Nevertheless, we know that some people who are HIV-positive are not responsible for spreading the infection. The group is a small one, but it in particular includes persons who have many sexual contacts.

Some HIV-positive patients return to the doctor's office with new sexually transmitted diseases, evidently as a result of unprotected sexual relations. We also know of cases in which a patient diagnosed as HIV-positive says outright that he has no intention of telling anyone about his infection and that he is not going to change his behavior. The reason may lie, for example, in his world view or even in the belief that a person's life is in greater hands and so, if someone is infected, it is attributable to fate, God, or the position of the stars....

Infectors' responsibility is minimized by appealing to the belief that nowadays everyone has to be capable of suspecting that all partners may be HIV-positive and that they must have protected themselves in any event. The responsibility for infection should always be just as great for both parties.

In rape cases, however, the responsibility lies undeniably with the infector alone. Now, at the latest, we must consider what measures are to be employed to get the infector to assume responsibility for his actions.

When the rapes committed by the HIV-positive heterosexual man were made public, Justice Minister Hannele Pokka quickly promised to discuss legislation with current Health Minister Jorma Huuhtanen. Huuhtanen happens to be one of the signatories of the open letter pursuing the public danger of HIV that was addressed to the government last spring.

It went off as predicted. The threat of AIDS was only taken seriously when it was clearly aimed at the heterosexual majority of the population who do not use drugs, prostitutes, and do not engage in homosexual relations. The same thing happened in England, among other countries, where a debate on the limits of doctors' professional secrecy exploded into motion when a young man who had been infected through blood products spread the disease to young women.

Gay special-interest groups, in Finland SETA [expansion unknown] and the AIDS Support Center in particular, have always stressed the importance of protected sex. Now they concentrate chiefly on protecting those who are infected with HIV and on concealing infections at the risk of others' being exposed to the disease.

At present, the surest way of avoiding one's legal responsibility with regard to infecting others with HIV is to fail to be tested for HIV. If the man who received attention as an HIV-positive rapist had only been a vague African danger and he had used just charm instead of force,

perhaps they would never have been able to bring him to justice for infecting others with the disease, even though that in itself is a crime.

The man was arrested for rape, but during the investigation of the first case they did not even test him for HIV.

When the man was charged with the second rape, he was tested and confirmed positive. The stage of the disease indicated that he had been ill with it for many years. Up to now, the official prosecutor has not charged him with infecting anyone with the disease in this case. The trial of the case was postponed until after this summer so that it might be determined whether he infected the victim with HIV or not. The man was released.

It is not yet known whether any of the rapist's victims or possible voluntary partners has been infected with HIV by him. The stage of HIV disease in the infector, the virulence of the virus, and the victim's state of health, among other factors, all affect the possibility of being infected. Ruptures from which blood flows increase the risk of infection during rapes. The likelihood of infection is also increased if there is anal intercourse.

According to studies, women are more susceptible to infection than men, over short spans of time.

A total of 455 HIV-positive individuals, 67 of whom were women, was confirmed by the end of June in Finland. Over the past few years, the number of infected women has remained roughly the same; the number of infected men has diminished. The peak year was 1990, when there were 91 HIV-positive individuals in Finland. Last year there were 57 new cases. This year 33 cases of infection were confirmed by as early as the end of July.

### Infecting Others Is a Crime

In the eyes of the law, consciously infecting others is always a crime. It is a crime even though rape is not involved, but fully consenting sex. The legal principle is that the crime must be considered on the basis of the actions of the perpetrator, not the victim. Killing a person is to be condemned, even if the victim wants to be killed. Attempted homicide is also a crime.

Since we know with certainty that HIV is a disease that kills sooner or later, a person who deliberately infects another with it can be charged with homicide, attempted homicide, assault, inflicting bodily harm, or endangering a person's health. Criminal law does not distinguish between the ways crimes are committed—a knife or a virus, it is all the same.

It is difficult to prove that the perpetrator infected the victim deliberately or tried to. Confidentiality with regard to information on a patient only becomes null and void if the patient is charged with a crime the maximum penalty for which is at least six years.

Whether he is charged with infecting someone with the disease, even though the doctor's report may not be available beforehand, is based on the prosecutor's judgment.

It is rare throughout the world for an HIV-positive victim to bring charges against his infector. There is one precedent in Finland in a trial in which only infection with HIV was at issue. One partner in a gay relationship was convicted of aggravated assault and gross involuntary manslaughter because he had not informed his partner that he was HIV-positive. His partner became infected, which later caused his death.

Cases are known in Germany in which a sentence for aggravated assault or attempted assault was handed down, even though protected sex was involved. The penalty was based on the fact that the partner had not been informed by the perpetrator that he was HIV-positive. And this despite the fact that in two out of three cases the partners were not infected.

### Tracing Partners

Since HIV is an infectious disease that must be reported, the doctor has to send a report on the infected patient to the Public Health laboratory. He must ask the patient about any possible sources of infection and he is obligated to report his impression as to how far the disease has progressed. The patient is asked to inform any former and current sex partners that they should seek testing. The patient may also leave it to health officials to inform them.

Doctors admit there is room for improvement in tracing contacts. When a patient promises to inform his partners himself, their names are not asked for nor does anyone check on them to see whether the information reached its destination and whether the partners have sought testing.

Some doctors take a casual view of the matter: For them it is a relief if the patient assumes responsibility for informing them since it is a troublesome chore.

When Kyosti Rikala, an AIDS patient psychiatrist at Aurora Hospital, conducted a survey of the first 50 Finnish HIV-positive patients, she found that only 23 of them had informed their partners that they were infected.

This year Aurora Hospital has begun to trace HIV-positive patients' sexual contacts more effectively. According to chief physician Juhani Lahdevirta, however, only less than half of the partners they reach come in for testing.

If HIV were an infectious disease considered to be a public danger, like syphilis, an infected person would have to report the names of their sex partners and the latter would have to come in for testing. The fact that it was a public danger would also make it mandatory for health-care personnel to actively trace their contacts.

Concerning syphilis, venereal disease clinics operate in an experienced manner: The partner receives a polite invitation to visit the clinic, and the clinic's name does not appear on the envelope.

As early as 1987, the Physicians Association proposed that HIV be classified as an infectious disease that is a public danger, but doctors do not support compulsory tests.

Chief physician Lahdevirta opposes a change in the classification of the disease. "Compulsory measures are not appropriate in a modern, civilized state, nor do the police have enough resources and manpower to bring people in for testing. We must look for modern methods."

The World Health Organization (WHO) and the European Community also oppose compulsory measures. They do not, however, place any obstacles in the way of classifying HIV as a public danger.

According to the law, a person ill with an infectious disease that is a public danger may also be isolated. The authorities do not, however, believe that quarantining them will stop people who deliberately infect others. Sweden is the only country in which they had begun to isolate such people and even there they are abandoning the idea. Quarantine is primarily used there to treat HIV-positive drug addicts.

Dermatologist and venereal disease specialist Sirkka-Liisa Valle said that quarantine is unnecessary because most people who are infected behave responsibly. In any case, there have to be ways of isolating dangerous individuals.

In Valle's opinion, it is essential for us to be able to test people suspected of being infected, even against their will. Then they would be made conscious of their infection, could be gotten into treatment—and within the compass of criminal law. HIV-positive individuals should also be obliged to regularly see a doctor so that the risks associated with the disease—for the patient as well as for his partners—can be kept under observation.

Aurora Hospital AIDS patient psychiatrist Kyosti Rikala would entirely disregard the debate over the infectious disease classification. "It's obvious to me that a doctor must be able to make tests on a patient, including the HIV test. I don't understand why he shouldn't be allowed to do so. I believe that people would get used to it quickly."

Rikala does not think that compulsory measures would be abused. She is convinced that most people, HIV-positive people as well, would accept compulsory measures:

"Most of the patients I've met are open and honest, and most concerned over whether they have infected others with the disease. They place their trust in the community and I don't think that they would consider such measures to be a threat to themselves," Kyosti Rikala said.

"It is a doctor's right and obligation to protect life. We may well ask whether it is ethically right to limit the ways he can do this."

## IRELAND

### Reporting Policy on AIDS Deaths Told

93WE0063A Dublin IRISH INDEPENDENT  
in English 1 Sep 92 p 12

[Article by Eilish O'Regan]

[Text] AIDS is never recorded as a cause of death on any death certificate issued in this country—despite latest figures showing 120 people having died of the disease, it emerged yesterday.

The Department of Health employs a scanning method instead to detect AIDS victims by looking for clues in the death certificate which might point to the cause of death.

A confidential system also operates whereby doctors who have treated people who died from AIDS inform the Department of Health, according to THE IRISH MEDICAL NEWS.

Dr. James Walsh, consultant on AIDS policy to the Department of Health, said AIDS patients die from pneumonia or cancer and AIDS is secondary.

Commenting on the procedure, Ger Philpott of the organisation Aidswise said he respected the good intentions of the practice which is often necessary in cases where insurance companies will not pay out policies if it emerges a person has died of AIDS. But he said it is not helping to create awareness of the disease.

AIDS is now recorded on death certs in Britain and it is feared that this has resulted in under-reporting of the disease. This fear is due to the fact that death certificates are open to public inspection and relatives of the deceased who may fear the implications of admitting the real cause of death are failing to put down AIDS when they should.

## PORTUGAL

### Transracial HIV-2 Incidence Growing

93WE0003A Lisbon O JORNAL in Portuguese  
11 Sep 92 p 25

[Article by M.P.: "HIV-2 Increasing in White and Heterosexual Population"]

[Text] A study to which O JORNAL obtained access indicates that "HIV-2 infection is beginning to be detected in the white population living in this country." The study was carried out among 10,793 white and black

individuals in the Portuguese capital. Of the 726 individuals who tested serum positive for HIV-2, 19 percent are members of the Caucasian race, and the remaining 80.9 percent are Africans.

This information, the product of perhaps one of the only systematic surveys including citizens of PALOP [Portuguese-speaking African countries] for purposes of future use (blood samples were collected between 1984 and 1990), contradicts the figures released by the National Commission for Combating AIDS (CNLS).

Maria Odete Santos Ferreira, a member of the Faculty of Pharmacy in Lisbon, is coauthor of the study, together with experts from the Santa Maria Hospital, Egas Moniz, and the Institute of Tropical Medicine and Hygiene. She explained that HIV-2 is the predominant virus in Africa, but it has begun to proliferate in Europe, as well, because of the contacts maintained with the countries on that continent.

According to the most recent CNLS report, 10 percent of the 971 cases of AIDS reported in Portugal resulted from HIV-2 infection. Only 32 percent of all of the individuals infected with the HIV-2 virus are women, and 12 percent are Africans. The majority—59.1 percent—are heterosexuals.

## SWEDEN

### Studies Link Wider Use of Condoms, AIDS Concern

93WE0032A Stockholm SVENSKA DAGBLADET  
in Swedish 1 Oct 92 p 17

[Article by Anna-Lena Haverdahl: "More Youths Use Condoms; Birth Control Pills Now Less Popular"]

[Text] The use of condoms among youths is increasing at the expense of birth control pills. At the same time, the median age for the first sexual encounter is rising for both sexes.

That is the result of two interview surveys involving a total of 1,000 high school students in Ostersund.

The surveys, reported in the newsletter "HIV News," formed part of Jamtland's county council program aimed at reducing the risk of sexual diseases and unwanted pregnancies.

The studies, which were undertaken five years apart, in 1986 and 1991, show that condoms are now preferred by both sexes as a preventive method over birth control pills.

Five years ago a third of the girls used birth control pills in their first sexual encounter. Today the corresponding figure is only 10 percent. Approximately 50 percent said they used condoms in the first encounter compared to 30 percent five years ago.

### Result Is Confirmed

The result is confirmed by a similar study of 800 high school students in Boras undertaken in the spring of 1990. Of the 50 percent that had already had their first sexual encounter, 52 percent of the girls and 57 percent of the boys said they had used condoms the first time. Only 8 percent of the girls said they had used birth control pills.

"Girls today tend to restrict their use of birth control pills to short, limited periods. When a relationship ends, they stop taking the pills. In general, a clear shift from birth control pills to condoms has taken place, both in the first and most recent sexual encounters," said Dr. Goran Svedin of Mother and Child Health Care in Ostersund, who directed the studies.

He finds it heartening that boys to a greater extent are beginning to take responsibility for their sexuality. But, at the same time, they are uneasy about the consequences of the drop in use of birth control pills by the girls.

Five years ago 85 percent of the girls used birth control pills when involved in lengthy relationships. Today, this figure has dropped to 70 percent. This combined with the fact that a higher percentage of youth today say they

have had sexual relations without protection increases the risk of unwanted pregnancies.

The main reason for not taking birth control pills is fear of side effects. In certain cases, economic grounds are given as the reason for the drop in use. The HIV epidemic has also contributed to the increased interest in condoms for both sexes.

The increased use of condoms has contributed among other things to the drop in cases of chlamydia among girls at the county youth clinic. On the other hand, the number of teenage abortions continues to remain at the same level in this part of the country while dropping in large parts of the rest of the country. Overall, the use of preventive measures by the group has not risen since 1986 when the earlier study was done.

### Later Sexual Contact

The median age for the first sexual encounter now lies at 16.2 years for girls and 17 years for boys. This represents an increase of 10 months for the girls and nine months for the boys compared with five years ago. Yet the first sexual experience continues to be 14 years of age for 15 percent of the girls and 8 percent of the boys. As before, the median age for the first sexual encounter is lowest among youth following the technical curriculum in high school as well as among boys in rural schools.

**International AIDS Conference Held in Amsterdam**

93WE0011A Varnasi AJ (Supplement)  
in Hindi 6 Sep 92 pp 1, III

[Article by Dr. Vishwambhar Vyas: Careful! AIDS Has Gotten a Foothold in India"]

[Text] Recently a conference in Holland's capital, Amsterdam, was held in which 11,000 scientists participated. The subject was the AIDS epidemic. The scientist reported their research findings in this 8th international conference on AIDS. However, all of them said the same thing as they did eight years ago when AIDS was not well-known. At that time, the scientists assured us that they were going to find a cure for this fatal disease within two years. The scientists, however, are still running around in a dark tunnel. In one way, the Amsterdam conference was just to show the frustrations of these scientists.

During the 8th international conference on AIDS more scary facts about the disease were shared than the success of research. Information about some new complications of this disease were also shared. The specter of the AIDS epidemic appears more serious to those who are not experts. AIDS was first mentioned in a U.S. weekly report on 5 June 1981. At that time, the number of HIV-infected persons was estimated to be about 100,000. This number has increased to tens of millions during the last 11 years.

The scientists disagree on the number of persons suffering from AIDS. The way this epidemic has spread in Third World countries, especially Africa, during the last six to eight years has made it difficult to make a correct estimate. Of the 7 million AIDS patients reported in 1992, 70 percent are Africans. Five years ago, only a small part of the urban population of central and eastern Africa was found to be HIV positive. However, HIV has now spread throughout the entire African continent. In South Africa alone, over 3 million nonwhites tested HIV positive. According to a British scientist, the population growth rate in Uganda will be 20 percent less in 15 years because of the AIDS epidemic. The United States of America with 16 percent of AIDS patients is second to Africa, and the rest of the American continent has another nine percent. Five percent of the patients are in Europe and the remaining are in Asia and Australia. Women constitute 36 percent of AIDS-infected people, however, this portion is expected to rise to 50 percent by the end of this decade. It is obvious that during the next eight or 10 years children and family life will be greatly effected by the spread of HIV. The situation in the Saharan region of Africa is really frightening. One person among every 40 is suffering from AIDS. Every hour, 200 persons in the world become infected with HIV, and half of them are Africans. During this decade, this epidemic has spread rapidly in the countries in Africa, Asia, and South America. By 2000, 10 percent of the new AIDS patients will be in industrialized countries. It means that until now AIDS was spreading rapidly in the United States and other industrialized countries and this epidemic will spread more in Third World countries during the next decade. Africa is already in the clutches of this epidemic. The next focus of this epidemic will be Asian countries. Among these, Thailand and India are especially mentioned.

According to the WHO, India has the same conditions as Africa did 10 years ago. In other words, during the next few years, this disease will rapidly spread in India the same way

as in Thailand where this disease spread 150 percent faster between 1987-91. This disease will spread 500 percent faster during the next five years. In July 1991, there were only 65 cases of AIDS registered in India. According to experts, the number of people tested HIV positive is increasing daily. Ten percent of the patients who come to sex disease clinics for treatment have the HIV. It is obvious that India is on the brink of spread of an AIDS epidemic.

The strange thing is that in spite of billions of dollars spent in research and being given a top priority in government programs, AIDS is still a mysterious disease. Scientists have failed to understand the genealogy and manner in which this virus spreads. AIDS is still the most difficult and mysterious disease in the history of medical science. The starting point of AIDS is the HIV. The scientists have failed to understand how this virus weakens the human immune system. The human body has white cells that fight disease. When these cells become weak, the human body becomes easily diseased. The HIV bacteria are the CD-4 type, which are the major antibodies.

Scientists are trying to learn how the HIV enters the human body; how it manages to stay idle in human cells and then become active to suddenly destroy the immune system. According to scientists, when the HIV bacteria becomes active, it destroys the immune system so quickly that there is no time for a medicine to take effect. The scientists found that HIV has managed to defeat every medicine so far. Various drug companies claim to have developed a medicine for controlling HIV, however, these have failed during tests and they have to start research all over again.

Researcher are working on about a dozen vaccines to control AIDS. It will take at least two years to find anything effective. The researchers are giving priority to developing an injection that stops HIV infection. It will take years to find a cure for AIDS to keep patients alive. No AIDS patient has succeeded in remaining alive so far. AIDS means death! The major reason for the spread of HIV is homosexual relationships. Fifty-eight percent of AIDS patients acquired this disease because of it. Twenty-three percent get this disease from drug use and 2 percent from blood transfusions. A sensational report presented at the 8th international conference in Amsterdam revealed that one can get AIDS without getting the HIV. Scientists attending this conference were shocked by this new information that many cases of AIDS without HIV infection were discovered. It means that AIDS can be caused by another virus also. This will require research starting over again. The presence of a new virus after 10 years of research is scaring the scientists and doctors.

In sum, during the 8th international conference in Amsterdam, the scientists expressed their helplessness and disappointments. This conference has proved once again that it is difficult to control this epidemic through treatment. Therefore, the world community will have to pay more attention to public education during the next one or two decades. Major campaigns to educate people about the threat this epidemic must be launched. The WHO and industrialized nations must provide assistance to Third World countries. The most effective method of controlling this epidemic has been public education. We must start campaigns at the international level against the immoral practices that spread HIV and AIDS. India should be especially alert about it.

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